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| **Supplier Information Request Form**  *(RFP/RFQ/ITB Attachment A-21)* | | | |
|  | | | |
| **Supplier Identification Information** | | | | |
| Legal Business Name  (name entered on tax return): | |  | | |
| Business Name / dba (if different from above): | |  | | |
| Employer Identification Number (EIN): | - | Social Security Number (if no EIN): | -  - | |
| CAGE Code (Commercial and Government Entity) *CAGE Codes are required by the Federal Acquisition Regulations. For more information or to register for a CAGE Code please go to* <https://cage.dla.mil/Home/UsageAgree> |  | NAICS Code (North American Industry Classification System)  *For Primary Business Activity*  *To find your NAICS code by key word please go to* [*https://www.census.gov/eos/www/naics/*](https://www.census.gov/eos/www/naics/) |  | |
| SAM Database (System for Award Management)  *The System for Award Management is free to use. SAM is a primary source for federal government agencies to find potential vendors. Register at* [*www.sam.gov*](http://www.sam.gov)*.* | | | By checking this box the supplier confirms they are registered in sam.gov/. (Optional) | |
| **Supplier Location Address** | | **Supplier Payment Address (** same as location addr.) | | |
| Street Address: | | Street Address: | | |
| City: | State: | City: | State: | |
| Zip Code (xxxxx-xxxx):  <https://www.usps.com> | - | Zip Code (xxxxx-xxxx):  <https://www.usps.com> | - | |
| Country/Province: |  | Country/Province: |  | |
| Contact Name: |  | Contact Name: |  | |
| Contact Email Address |  | Contact Email Address |  | |
| Congressional District:  [www.house.gov/representatives/find-your-representative](http://www.house.gov/representatives/find-your-representative) |  | Congressional District:  [www.house.gov/representatives/find-your-representative](http://www.house.gov/representatives/find-your-representative) |  | |
| Phone Number: | (   )-   - | Phone Number: | (   )-   - | |
| Fax Number: | (   )-   - | Fax Number: | (   )-   - | |

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| **Organization Type *(please check the appropriate type):***  *For Information about Organization Type please go to* [*https://www.sba.gov/business-guide/launch-your-business/choose-business-structure*](https://www.sba.gov/business-guide/launch-your-business/choose-business-structure) |
| Individual/Sole proprietor  Non-profit  Tax Exempt payee  Partnership  Government  Corporation; incorporated under the laws of the state of  Limited Liability Company (LLC) --- *If “LLC” is checked, you must also select one of the following tax classifications:*  *D=disregarded  C=corporation  P=partnership* |

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| **Business Classification**  *(check all appropriate boxes in the left* ***OR*** *right column)*  *For Information about Business Classification please go to* [*https://www.sba.gov/size-standards/*](https://www.sba.gov/size-standards/) | |
| Large Business  Nonprofit Organization  Foreign Business/Institution  Government  Educational Institution  Historically Black Colleges & Universities/  Other Minority Institutions (HBCU/MI) | Small Business (SB)  *(plus any of the below, if appropriate)*  Small Disadvantaged Business (SDB)  Woman-Owned (WO)  HUBZone (HUBZ)  Veteran-Owned (VO)  Service-Disabled VO (SDVO) |

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| **Notice of Potential Tax Withholding** |

To comply with CA Revenue and Taxation Code 18662 and CA Franchise Tax Board FTB Publ. 1023, and *Internal Revenue Code 1441, JPL must determine if any tax reporting and tax withholding requirements are applicable. See Notice of Potential Tax Withholding (Form 7258) located at:* [*http://www.jpl.nasa.gov/acquisition/terms-conditions/*](http://www.jpl.nasa.gov/acquisition/terms-conditions/)under the *Other Supporting Documents* tile for additional information.

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| **Supplier Certification of Information Provided** | | | |
| Subcontractor Name: |  | | |
| Authorized Signature: |  | Date: |  |
| Type/Print Name: |  |  | |
| Type/Print Title: |  |  | |

See Page 3 below for Authorization for Electronic Invoice Payments

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| **Authorization for Electronic Invoice Payments** |

Completion of this form authorizes the Jet Propulsion Laboratory to deposit payments due or that become due into the following bank account.

|  |  |
| --- | --- |
| **Name** (As shown on the bank account): |  |
| **Address**: |  |
|  |  |
| **Email Address:** (For Remittance Advice) |  |
| **Name of Financial Institution:** |  |
| **Financial Institution Address:** |  |
| **Account Number:** |  |
| **Bank’s ACH Routing Number:** |  |

Additional informationnecessary for **International wire transfers**. Wire transfers will be issued in either US dollars or foreign currency per invoice instructions.

**Beneficiary BIC or SWIFT Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IBAN Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intermediary Bank: (if Required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intermediary Bank ABA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and acknowledge that if the name on the electronic funds transfer (EFT) account is different than as shown on the Caltech-JPL Vendor Master File and as stated above, the financial institution’s procedures may cause a delay in the crediting of said account with my payments, and I hereby expressly relieve Caltech-JPL of any liability I may incur because of a delay caused by the application of a financial institution’s procedures and I agree to hold Caltech-JPL harmless.

I further acknowledge and understand that I must take all steps necessary to change or revoke this EFT authorization in the event I desire to change or revoke this authorization. I understand that any change or revocation must be given to Caltech-JPL at least 30 days prior to the desired effective date of such change or revocation.

I understand and acknowledge that upon the effective date of termination of the JPL contract/purchase order/Agreement, for any reason, from Caltech-JPL this authorization for EFT shall be deemed terminated and that the provisions of the California Code, relating to payment of vendors termination of services, shall apply.

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Date Name of Company as it appears on JPL Subcontract

or Purchase Order/BPA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Signature of Authorizing Person