

INDIVIDUAL CONSULTANT INFORMATION FORM (Domestic)

Please complete the following

Date:

First Name: Last Name:

Company Name (If applicable):

Mailing Address Line 1:

Mailing Address Line 2:

City:

State/Province:

Country:

Zip Code:

Phone:

Fax:

Email Address:

PAYMENT ADDRESS (If different from Mailing Address)

Address:

City:

State/Province:

Country:

Zip Code:

Payment Terms: Net 45

The FOLLOWING EFT INFORMATION IS REQUIRED FOR PAYMENT - All PAYMENTS WILL BE MADE ELECTRONICALLY

Bank Name:

Bank Address:

Bank Routing Number:

Bank Account Number (Payee):

Business Classification (check all applicable):

- Small Business Concern

- Large Business Concern

- Self-Certified Small Disadvantaged Business Concern

- Woman-Owned Small Business Concern

- Economically Disadvantaged Woman-Owned Small Business Concern

- Veteran-Owned Small Business Concern

- Service-Disabled Veteran-Owned Small Business Concern

The under named certifies that the above named company maintains a business classification as indicated above and that such classification is in accordance with all regulatory requirements related thereto. Further, it is understood and agreed that misrepresentation of the business classification is subject to penalties as prescribed in FAR 52.219-1.

Document must contain a legal signature (digital, electronic or wet) in order for it to be processed.

Signature:

Title:

Printed Name:

Date:



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