

## VENDOR AUTHORIZATION REQUEST - DOMESTIC

It is the policy of ASRC Federal and its Subsidiaries that all businesses with a qualified SBA certificate\* have the maximum practicable opportunity to participate in the performance of contracts awarded by ASRC.

To comply with this policy, please provide the following information:

*\*SBA Certificates include but are not limited to: Certified Small businesses, Small Disadvantaged businesses (SDB), Woman-owned Small businesses (WOSB), HUBZone businesses and Veteran/Service-Disabled Veteran owned (SDV) small businesses*

| Request Type:   |                         |                     |             |
|---|-------------------------|---------------------|-------------|
| New Vendor (All new Vendors <b>MUST</b> include a signed IRS form W-9 for setup: <a href="#">IRS Form W-9</a> ) |                         |                     |             |
| Change to Existing Vendor:  |                         |                     |             |
| Name/Tax ID   | Address                 | Banking             |             |
| Name and Address Information:   |                         |                     |             |
| Legal Name:   |                         | Doing Business As:  |             |
| Street Address:   |                         |                     | Suite #:    |
| City:   | State:                  | Zip Code:           |             |
| Remittance address (if different from the above):   |                         |                     |             |
| Street Address:   |                         |                     | Suite #:    |
| City:   | State:                  | Zip Code:           |             |
| Website:  |                         |                     |             |
| Contact Name:   |                         | Contact's Title:    |             |
| Phone:  | Fax:                    | Email:              |             |
| Business Information:   |                         |                     |             |
| Taxpayer Identification Number:<br>(select and enter only ONE) _____ EIN _____ or _____ SSN _____               |                         |                     |             |
| Are you eligible to receive a 1099-NEC?      No      Yes  |                         |                     |             |
| Parent Company Information:      N/A<br>YES      Parent Name: _____ Parent TIN: _____                           |                         |                     |             |
| DUNS Number:  | Unique Entity ID (UEI): | Cage Code:          |             |
| Primary North American Industry Classification System (NAICS) Codes:  |                         |                     |             |
| Business Type/Size:<br>Small Business      Large Business      Foreign-Owned      Non-Profit                    |                         |                     |             |
| Tax Classification:   |                         |                     |             |
| Individual / Sole Proprietor  |                         | Governmental Entity |             |
| Corporation   |                         | Other (specify):    |             |
| LLC:  |                         |                     |             |
| Partnership   | C Corporation           | S Corporation       | Sole-Member |

| <b>Federal Supplier Certifications: (Check all that apply)</b>   |  |                            |
|--|--|----------------------------|
| Complete the following section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1.                           |  |                            |
| Woman-Owned Small Business (WOSB)  | SBA Certified Disadvantaged Business (SDB)             |                            |
| Minority-Owned Business (complete section below)   | Veteran-Owned Business                                 |                            |
| Certified Small Business (according to SBA criteria)   | Service-Disabled Veteran Owned (SDV)                   |                            |
| HUBZone Cerified   | Historically Black College/Minority Institution (HBCU) |                            |
| <b>Minority Ownership:</b>   |  |                            |
| African American   | Asian Pacific American                                 | Hispanic American          |
| Native American  | Subcontinent Asian American                            | Alaskan Native Corporation |
| Other  |  |                            |
| <b>Payment Terms:</b>  |  |                            |
| ASRC Federal defaults to Net 45 a payment term for large business and Net 30 for small business, unless stated otherwise in the sales contract |  |                            |

\_\_\_\_\_  
*Authorized Representative Signature (Certified Digital Signature or Wet Ink Only)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

ASRC Federal and its Subsidiaries (ASRC) may award procurement to the seller where the costs will be charged to a U.S. government prime or subcontract. If so, the seller is advised that the U.S. government may impose a penalty against a firm misrepresenting its business size and/or disadvantaged status for the purposes of obtaining procurement that is to be included as part, or all of a goal contained in ASRC's Subcontracting plan. Eligibility as a small business is based on the regulations issued by the Small Business Administration in CFR 13, Part 121 of the SBA Rules and Regulations and FAR 52.219-1.

**For Internal Use Only**

**Requester Name:** \_\_\_\_\_ **Requester Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VENDOR ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION AGREEMENT -  
DOMESTIC**

| Instructions for Payee:   |              |  |                |
|---|--------------|--|----------------|
| 1. Fill in all fields legibly and completely.   |              |  |                |
| 2. <b>Attach one of the following confirming the information below as supporting documentation:</b>   |              |  |                |
| - A voided check  |              |  |                |
| - Letter from financial institution (letter must be issued and signed by your financial institution and include your banking information)   |              |  |                |
| 3. Authorized owner/payee must sign and date form. <b>Certified Digital Signature or Wet Ink Only</b>   |              |  |                |
| Business accounts require all bank signatures necessary to be on this form. If additional lines are needed, please attach an additional sheet.  |              |  |                |
| 4. Submit completed, signed form along with supporting documentation to your ASRC Federal POC.  |              |  |                |
| Requested Action: (Please check appropriate box)  |              |  |                |
| New Banking Setup   |              | Add Additional Bank  |                |
| Change in Bank Information ( <b>previous banking information is REQUIRED to update banking</b> ):   |              |  |                |
| Previous Banking Information on file: _____   |              |  |                |
| Payee Information:  |              |  |                |
| Taxpayer Identification Number: _____   |              |  |                |
| (select and enter only ONE) _____ EIN _____ or _____ SSN _____  |              |  |                |
| Legal Name of Business: _____   |              | Name on Bank Account: (if different than Legal Name) _____ |                |
| Street Address: _____   |              |  | Suite #: _____ |
| City: _____   | State: _____ | Zip Code: _____  |                |
| Contact Name: _____   |              | Contact Title: _____                                       |                |
| Phone: _____  | Fax: _____   | Email: _____   |                |
| Financial Institution Information:  |              |  |                |
| Financial Institution Name: _____   |              |  |                |
| Street Address: _____   |              |  | Suite #: _____ |
| City: _____   | State: _____ | Zip Code: _____  |                |
| ACH Routing Number: _____   |              | Type of Account: _____                                     | Checking       |
| Bank Account Number: _____  |              |  | Savings        |
| Additional Information (if applicable): _____   |              |  |                |
| Authorization:  |              |  |                |
| I hereby authorize ASRC Federal Holding Company and its Subsidiaries, hereinafter referred to as "the Company," to initiate Electronic Funds Transfer, (EFT), credit entries or debit corrections or all amounts payable to me through the Company's EFT program(s), and to the depository institution and account, identified above. |              |  |                |
| This authorization is to remain in full force and effect until the Company has received proper written notification from me of its change or termination, or the Company terminates its EFT program or my participation therein.  |              |  |                |
| _____   |              | _____  |                |
| <i>Authorized Representative Signature</i>  |              | <i>Date</i>  |                |
| _____   |              |  |                |
| <i>Printed Name/Title</i>   |              |  |                |

**For Internal Use Only**

**Requester Name:** \_\_\_\_\_ **Requester Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_