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American Water Enterprises, Inc.
 American Water Operations and Maintenance, Inc.

Vendor Profile Form

In order for your Vendor Profile to be processed, you must **sign this form in ink** (electronic signatures not acceptable). When remitting, include: 1) this form, (2) W-9 form, (3) Insurance Certificate (4) Safety Declaration Sheet and (5) Hourly/Unit bill rates.

Company Name:			Contact Name:		
dba (if applicable)			Contact Email:		
Physical Address:			Employer Tax ID#:		
City, State ZIP			OR		
Remit To Address:			Taxpayer SSN:*		
City, State ZIP			*NOTE: If providing a Social Security #, you must provide the taxpayers name.		
Phone:		Fax:	Taxpayer Name:		
Website:			State of Incorporation:		
DUNS #:			Name of Parent Firm:		
Describe the goods or services you provide:			Date Organization was established:		
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship		Previous business name(s):		
			Primary Business Activity:	<input type="checkbox"/> Construction <input type="checkbox"/> Consulting <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Professional Services <input type="checkbox"/> Services - Other <input type="checkbox"/> Wholesale Trade	

Which location(s) will you be providing goods/services? (select all that apply)

Fort AP Hill, VA Fort Belvoir, VA
 Fort Bragg, NC Fort Hood, TX Fort Leavenworth, KS Fort Meade, MD Fort Polk, LA
 Fort Rucker, AL Fort Sill, OK Scott Air Force Base Other: _____

Do you conduct business in other states?

Yes No If YES, specify: _____

Total # of Employees (include parent, subsidiaries, affiliates) _____

Does your company accept VISA? Yes No

Insurance Information (Refer to Insurance Certificate Requirements, page 2 of Vendor Information Packet.)

Insurance Carrier:		Policy Number:	
Excess/Umbrella Coverage Amount:		Expiration Date:	

Business Size Category

Select all that apply. Categories are based on definitions and size standards in F.A.R., Part 19. Refer to page 5 of Vendor Packet for definitions.

Large Small Disadvantage Business Service Disabled Veteran Owned SB
 Small Veteran Owned Small Business Historically Black College&University/ Minority Institution
 HUBZone (copy of cert. required) Woman Owned Small Business Other

Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

As prescribed in FAR 19.301(d), the US Government may impose a penalty against a firm misrepresenting its business size and/or disadvantaged status for the purpose of obtaining a procurement award. The information contained herein is complete and accurate in all details to the best of my knowledge and belief.

Select the answer that applies to your organization for the following statements:

The company and/or its principals:

are are not presently debarred, suspended, or determined ineligible for an award of a contract by any Federal Agency.
 comply do not comply with non-segregated facilities in accordance with FAR 52.222-21.
 is is not owned/controlled by Government of Terrorist Country.

Signature of Authorized Official/Title _____ **Print Name:** _____ **Date:** _____