



# Supplier Application – U.S. Based

INSTRUCTIONS: Please type or print legibly. Complete all fields, sign and return to: [vetting@iapws.com](mailto:vetting@iapws.com).

<b>DUNS Number:</b>	<b>Cage Code:</b>	<b>Federal Identification No.:</b>	<b>Date Business Established:</b>	<b>Standard Payment Terms: NET 45</b>
<b>LEGAL BUSINESS NAME:</b>			<b>WEBSITE:</b>	
<b>DOING BUSINESS AS (DBA):</b>			<b>E-MAIL ADDRESS:</b>	
<b>PHYSICAL BUSINESS ADDRESS:</b>		<b>REMIT ADDRESS:</b> (If different from Physical Address)		
<b>TYPE OF ORGANIZATION:</b>		<b>FORMATION/INCORPORATION STATE:</b>		<b>CHECK IF 1099 REQUIRED:</b>
		<b>NAME OF PARENT COMPANY, if applicable:</b>		

**Brief description of services and/or products:** (Please attach company profile or brochure, if available)

**Does the supplier have an International Standards Organization (ISO) Certification?** If yes, please attach a copy of the ISO Certificate(s).

**Does the supplier have a Code of Ethics/Business Conduct?** If yes, please attach a copy.

**Persons authorized to release information on matters concerning price quotes, bids, and contracts in business name**

NAME (First and Last):	E-MAIL ADDRESS:	TELEPHONE NO (with area code):	FAX NO (with area code):

**Persons authorized to provide information on matters concerning payment / banking information**

NAME (First and Last):	E-MAIL ADDRESS:	TELEPHONE NO (with area code):	FAX NO (with area code):

**Owners / Principals:** (NOTE: Ownership must equal 100%)

(i) Individual or Entity Name	Business Address	State of Incorporation	Ownership %

(ii) **Does any non-U.S. Government Department or Agency hold any ownership or other financial interest in Supplier's company, either directly or indirectly?**  
If yes, please provide details:

**Select Business Size:** Large Business Small Business IF SMALL, CHECK ALL THAT APPLY:

<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Small Disadvantaged	<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Service-Disabled Veteran-Owned
<input type="checkbox"/> HUBZone Exp Date:	<input type="checkbox"/> Section 8(a) Exp Date:	<input type="checkbox"/> Alaskan Native Corporation AND Indian Tribes	

**The Supplier is responsible to notify IAP of any changes to the above information. Any changes must be authorized by the persons identified above. Any requests to change or update remittance information will require submission of a new ACH / Wire Transfer Instruction Form with explanation for the change.**

I certify that the information supplied herein (including all pages attached) is true and correct and that neither the applicant, nor any person in any connection with the applicant, as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the federal Government. By completing this application for myself, and if applicable as an agent of my employer, I authorize IAP Worldwide Services, Inc to investigate and verify the information. An electronic transmission or copy of this document shall be considered the same as the original. I understand that IAP Worldwide Services, Inc., will rely on the information provided herein in determining whether to enter into any contractual agreement with Supplier and that any false or misleading information provided by Supplier will be grounds for the immediate termination of any such contractual agreement.

**Please check boxes, download, review and acknowledge:**

[IAP Supplier Code of Conduct](#)

[IAP Anti-Corruption Policy](#)

The Undersigned acknowledges that he/she has read, understands, and Supplier will comply with IAP's Supplier Code of Conduct and Anti-Corruption Policy and all laws referenced therein. The Undersigned understands that any violations of IAP's Supplier Code of Conduct or Anti-Corruption Policy may result in termination of its Supplier status with IAP and/ or any future contractual agreement that the Undersigned enters into with IAP Worldwide Services, Inc or its subsidiaries.

Printed Name	Title of Authorized Signatory	Signature	Date