**Supplier / Subcontractor Information Request Form**

**RETURN COMPLETED FORM TO ISSUER ►INCLUDE A COPY OF YOUR W-9◄**

Rev 2

**BUSINESS INFORMATION**

**Company Name:**

**Company Physical Address:**

**Remit to address (if different from above):**

**Company Website:**

**Business Size:**

**Net Terms Extended to UICGS/Bowhead:**

**Is your company SBA recognized Business?**

**Business Status:**

**Company Type:**

**DUNS #:**

**UEI #:**

**Tax ID #:**

**Cage Code:**

**Purchasing Contact Information**

**Name:**

**Email Address:**

**Phone Number:**

**Fax Number:**

**Does your company have Affirmative Action Plan (FAR 52.222.25)?**

**Equal Opportunity (FAR 52.222.26):**

**Is your company debarred or suspended or proposed for debarment by the Federal Government in accordance with FAR 52.209-6c (Supplier/contractor)?**

**Does your company provide / sell Bio-Based products?**

**FAR Clause 52.203-11 to the best of its knowledge and belief no Federal appropriated funds have been paid or will be paid to any person(s) for influencing or attempting to influence an officer/employee of any agency, Member of Congress, officer or employee of Congress on its behalf in connection with the awarding of this contract.**

**FAR 52.204.10 Supplier/Subcontractor certifies that they have posted to the Reporting Executive Compensation and First Tier Subcontract Awards to** [**http://www.fsrs.gov**](http://www.fsrs.gov/)

**\*Reference current terms and conditions agreement at:** [**https://www.crownpointsystems.com/vendor-portal**](https://www.bowhead.com/vendor-portal)

**Date: 12/18/2023**

**Printed Name:**

**Title:**