

New Vendor Transcript Form



YULISTA
Y-TECH SERVICES, INC.

Yulista Use: Vendor Number _____
Input by _____ Date _____

Company Name: _____
Contract POC: _____
Physical Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Business Size and Labor Category (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1. Large Business | <input type="checkbox"/> 6. Disadvantaged (include Minority-Owned) |
| <input type="checkbox"/> 2. Small Business | <input type="checkbox"/> 7. HUBZone Business |
| <input type="checkbox"/> 3. Non-Profit Business | <input type="checkbox"/> 8. Veteran-Owned Business |
| <input type="checkbox"/> 4. Foreign/Other Business | <input type="checkbox"/> 9. Service-Disabled Veteran-Owned Business |
| <input type="checkbox"/> 5. Woman-Owned Business | <input type="checkbox"/> 10. Historical Black Colleges & Universities/
Minority Institutions |

D & B Number: _____ Cage Code: _____ *TIN: _____
AS9100 Registration: YES NO ISO-9001:200 Registration: YES NO

We are are not registered with the Government's System for Award Management (SAM).
We have have not registered with the Department of Defense Trade Controls for exports.

Remittance Address: (If the address is the same as the Physical Street Address write SAME)
Street Address: _____
P. O. Box: _____
City: _____ State: _____ Zip: _____
Confirm Purchase Order to: _____

Return Material Address: (If the address is the same as the Physical Street Address write SAME)
Street Address: _____
P. O. Box: _____
City: _____ State: _____ Zip: _____

Product or Service for qualification (attach other pages as needed):

*Completed W-9 must be attached

Buyer's Signature: _____

Return to: **P. O. Box 5207** ♦ **Huntsville, AL 35814-5207** ♦ **FAX: 256-713-0495**