



UPPER OCCOQUAN SERVICE AUTHORITY

VENDOR REGISTRATION

1. **VENDOR NAME:** _____
MAILING ADDRESS: _____

CITY, STATE, ZIP: _____
2. **PRIMARY CONTACT:** _____
3. **TELEPHONE:** _____ --- _____ **EXT:** _____ ; **FAX:** _____ --- _____
4. **E-MAIL ADDRESS:** _____
5. **FED ID/SOCIAL SECURITY NUMBER:** _____
6. **TYPE OF BUSINESS** (check boxes as appropriate): Use the space below to clarify and/or provide additional information. Attach three sets of line cards, business cards and descriptive literature.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> ALARM SYSTEMS | <input type="checkbox"/> CONSULT SERVICES | <input type="checkbox"/> EQUIPMENT: | <input type="checkbox"/> PRINTING |
| <input type="checkbox"/> AUTOMOTIVE: | <input type="checkbox"/> COPIERS | <input type="checkbox"/> RENTAL | <input type="checkbox"/> PROTECTIVE |
| <input type="checkbox"/> SALES | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SALES | <input type="checkbox"/> COATINGS |
| <input type="checkbox"/> SERVICE | <input type="checkbox"/> FUELS/LUBRICANTS | <input type="checkbox"/> SERVICE | <input type="checkbox"/> PUMP: |
| <input type="checkbox"/> CHEMICALS | <input type="checkbox"/> FURNITURE | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> RENTAL |
| <input type="checkbox"/> COMPUTER - | <input type="checkbox"/> GENERATOR: | <input type="checkbox"/> METAL - | <input type="checkbox"/> SALES |
| HARDWARE: | <input type="checkbox"/> RENTAL | FABRICATION | <input type="checkbox"/> SERVICE |
| <input type="checkbox"/> SALES | <input type="checkbox"/> SALES | <input type="checkbox"/> MOTOR: | <input type="checkbox"/> REFUSE HAULING |
| <input type="checkbox"/> SERVICE | <input type="checkbox"/> SERVICE | <input type="checkbox"/> RENTAL | <input type="checkbox"/> SAFETY |
| <input type="checkbox"/> SOFTWARE: | <input type="checkbox"/> HVAC | <input type="checkbox"/> SALES | <input type="checkbox"/> UNIFORMS |
| <input type="checkbox"/> PROGRAMMING | <input type="checkbox"/> INDUSTRIAL - | <input type="checkbox"/> SERVICE | |
| <input type="checkbox"/> CONSULTING | CONTROLS | <input type="checkbox"/> OFFICE EQUIPMENT | |
| <input type="checkbox"/> CONSTRUCTION | | <input type="checkbox"/> OFFICE SUPPLIES | |

- OTHER:** _____

7. CORPORATE INFORMATION:

- A. ARE YOU CURRENTLY DOING BUSINESS WITH UOSA?** _____ **YES;** _____ **No**
- B. NUMBER OF YEARS IN BUSINESS:** _____ **B. NUMBER OF EMPLOYEES:** _____
- C. GROSS SALES:** _____ **D. NUMBER OF BUSINESS LOCATIONS:** _____
- E. IF SERVICE/REPAIR FACILITY, PLEASE COMPLETE THE FOLLOWING:**
- 1. NUMBER OF BUILDINGS DEDICATED TO REPAIR/SERVICE OPERATIONS:** _____
 - 2. TOTAL FLOOR SPACE DEDICATED TO REPAIR/SERVICE OPERATIONS:** _____
 - 3. NUMBER OF TECHNICIANS CERTIFIED BY AN INDEPENDENT TRAINING FACILITY:** _____
 - 4. NUMBER OF VENDOR-CERTIFIED TECHNICIANS:** _____
 - 5. NUMBER OF UNCERTIFIED TECHNICIANS:** _____
 - 6. ATTACH A LIST OF ALL REPAIR MACHINERY/EQUIPMENT USED AT YOUR FACILITY.**

8. BUSINESS TERMS:

A. SHIPPING TERMS (FOB):

- DESTINATION/DELIVERED:** Seller pays freight and is responsible for loss/damage during shipment.
- SHIPPING POINT, FULL FREIGHT ALLOWED:** Seller pays freight, purchaser is responsible for loss/damage during shipment).
- SHIPPING POINT, PREPAY AND ADD :** Seller pays freight/insurance and adds to invoice, purchaser is responsible for loss/damage during shipment.
- SHIPPING POINT:** Purchaser pays freight and is responsible for loss/damage during shipment).
- OTHER:** _____

B. PAYMENT TERMS:

- NET 30:** Payment is due within 30 days of receipt of a valid invoice received at UOSA Finance Department.
- 2 % 30:** If payment is made within 30 days, a prompt payment discount of 2 % may be deducted from the amount due.
- 2 %-10, NET 30:** If payment is made within 10 days a prompt payment discount of 2 % may be deducted from the amount due.
- MASTER CARD: MCC CATEGORY #(s)** _____ **LEVEL 1**
- LEVEL 2**
- LEVEL 3**

9. REFERENCES: Either in the following spaces or on an attached sheet, list at least three references for which your firm **currently** provides services. Include any current VA State, regional or local public contracts your firm has been awarded.

10. CERTIFICATION: I, the undersigned, hereby certify that the above information is a true and correct statement of the facts. I further certify that I am an agent/officer of the above organization and fully authorized to execute this document, and also bind the above organization to bids, proposals, contracts, and similar instruments.

SIGNATURE: _____ **TITLE:** _____

TYPED/PRINTED NAME: _____ **DATE:** _____