

The following form will be required for the creation of a new vendor or requesting a change to an existing vendor master record. The vendor request form must accompany the Service Request Submit Form that can be found at the following URL: <http://ipo.ifmp.nasa.gov> under the Service Request Submit Form link.

Complete ALL fields:

Account Group: KRED

Date: 10/7/2004

New Vendor: Change to Existing Vendor:

Purchasing Org (Center):

Cage Code:

Contract Number:

KRED Vendor #:

Vendor Name (35 characters max):

Street Number/PO Box:

Country:
US

City:

State/Region:

Zip Code:

Federal Agency Yes No

Trading Partner

Type of Industry – Hubzone: Yes No

Type of Business (check only one):

- | | |
|---|---|
| <input type="checkbox"/> Business – not otherwise classified | <input type="checkbox"/> Education – HBCU, State/Local Govt. Controlled |
| <input type="checkbox"/> Business – Disadvantage | <input type="checkbox"/> Education – Minority, Privately Controlled |
| <input type="checkbox"/> Business – Disadvantage, Veteran Controlled | <input type="checkbox"/> Education – Minority, State/Local Govt. |
| <input type="checkbox"/> Business – Disadvantage, Veteran, Svc Disabled HBCU/Minority | <input type="checkbox"/> Education – Privately Controlled-not |
| <input type="checkbox"/> Business – Disadvantage, Woman owned | <input type="checkbox"/> Education – State/Local Govt. Controlled-not HBCU/Minority |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran, Svc Disabled | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Business – Veteran | <input type="checkbox"/> Hospital – Privately Controlled |
| <input type="checkbox"/> Business – Veteran Svc Disabled | <input type="checkbox"/> Hospital – State/Local Govt. Controlled |
| <input type="checkbox"/> Business – Woman owned | <input type="checkbox"/> Nonprofit – JWOD |
| <input type="checkbox"/> Business – Woman owned, Veteran | <input type="checkbox"/> Nonprofit – Minority |
| <input type="checkbox"/> Business – Woman owned, Veteran, Svc Disabled | <input type="checkbox"/> Nonprofit – not Minority or JWOD |
| <input type="checkbox"/> Education- HBCU, Privately Controlled | <input type="checkbox"/> State/Local Govt. – Other |

Reason for change or provide any additional information below (if applicable):