



SUPPLIER INFORMATION FORM

DO NOT WRITE IN THIS BLOCK - NPL USE ONLY

Supplier/Vendor# _____

Area Mgr. Approval _____

Date _____

Exception Type _____

Estimated Annual Spend - \$ _____

(Over \$10,000-see * below for additional requirement)

Subcontractor YES** NO

**If yes - copy of subcontract agreement and a copy of their certificate of insurance must be attached

Return To:

NPL Construction Co.

Fax () _____ Attn: _____

THIS FORM MUST BE COMPLETED IN ENTIRETY AND W-9 ATTACHED - Return to supplierinfo@GoNPL.com

Please Print or Type Name:

Company Name _____ DBA _____

Street Address _____

City _____ State _____ Zip Code _____ Contact Name _____

Telephone () _____ Fax () _____ Contact email _____

Purchase order email _____

Payment Terms _____ Disc. Terms _____

Do you accept MasterCard as a payment type? No Yes

Do you collect Sales Tax? No Yes

If providing a product/material or service a purchase order will be required for timely payment to be issued

General Business Information:

List All Officers/Partners/Owners (Attach add'l sheet if necessary) _____

Number of Employees _____ How long in business? _____ State of Organization _____

D & B # _____

Women, Minority and Disabled Veteran Business Enterprises (WMDVBE)

Please select a single category:

Women Owned (WO) Disabled Veteran Owned (DVO)

Minority Owned (MO) - (If Minority Owned, please check one of the below selections):

Asian Pacific American (APA) Black American (BA) Hispanic American (HA) Native American (NA) Other Groups (OG)

If WMDVBE certified, please provide the following information:

Certification Agency _____ Telephone () _____

Certification No. _____ Expiration Date _____ City _____ State _____

***If estimated spend is in excess of \$10,000 annually please attach one of the following:**

(1) Business License (2) Contractor's License (3) Current Financial Statement (4) Lease Agreement

Revised: 11/01/10

Under penalty of perjury, I certify that the above answers are true to the best of my knowledge.

Prepared By _____ Title _____

(print or type name)

Signature _____ Date Signed _____

(authorized signature)

Supplier's Statement of Understanding/Certification

To do business with NPL, each Supplier must certify (and, when submitting this Supplier Information Form, certification is thereby made) to having read, understood and abided by (or, in the case of new Suppliers, agreeing to abide by) NPL's General Terms and Conditions as well as all applicable provisions of the NPL Construction Company Code of Business Conduct and Ethics, all of which may be found at www.gonpl.com. For purposes of the Supplier Information Form and the foregoing certification, the term "supplier" shall be given its broadest meaning and shall include any vendor, contractor, subcontractor or any other such provider of services and/or products to NPL or on behalf of NPL.