Democracy International vendor information form

To do business with Democracy International (DI), vendors and grantees must complete this form and provide a current IRS registered form ([W9](http://www.irs.gov/pub/irs-pdf/fw9.pdf) for US vendors or [W8/W8ben-e](https://www.irs.gov/pub/irs-pdf/fw8bene.pdf) for foreign vendors). Return completed, signed forms to [accountspayable@democracyinternational.com](mailto:accountspayable@democracyinternational.com) and your specific DI point of contact*.* Handwritten forms will not be accepted.

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| 1. **Legal Name** | | | | |  | | | | | | | |
| *Entity or individual* | | | | | *Enter the organization or individual’s full legal name* | | | | | | | |
| 1. **Trade / Business Name** | | | | |  | | | | | | | |
| *If different* | | | | | *Enter the name as it appears under your Federal Identification and/or Registered Name within* [*SAM.gov*](https://www.sam.gov/portal/SAM/##11#1)*, if different from Legal Name.* | | | | | | | |
| 1. **Basic Information** | | | | | | | | | | | | |
| Street: |  | | | | | | | | | Attn: |  | |
|  | *(a P.O. Box cannot be accepted for a purchase order address)* | | | | | | | | | Title |  | |
| City: |  | | | | | | | | | Telephone: |  | |
| State: |  | | | | | Postal Code: |  | | | Fax: |  | |
| Country: |  | | | | | | | | | Email: |  | |
| 1. **Type of Organization:** | | Choose an item. | | | | | | | | **Tax Classification** (LLCs only): | | Choose an item. |
| 1. **Entity Identification Numbers** (Fill in ALL applicable numbers)**:** | | | | | | | | | | | | |
| Social Security #: | | | |  | | | | | SAM.gov UEI: | |  | |
| Employer Identification #: | | | |  | | | | | VAT Registration #: | |  | |
| 1. **Payment Information**   *\* DI requires the full 11-Digit SWIFT code, including the 3-digit branch code for international wire transfers. If vendor or grantee fails to provide a branch code, then vendor / grantee authorizes DI to use a branch code of “XXX,” and VENDOR / GRANTEE assumes all risk of payments not posting to its intended beneficiary account, and any related fees.* | | | | | | | | | | | | |
| Beneficiary Name: | | |  | | | | | Bank Name: | | |  | |
| Payment Type: | | | Choose an item. | | | | | Bank Country: | | |  | |
| Account Number / IBAN: | | |  | | | | | Routing/Bank ID Type: | | | Choose an item. | |
| Beneficiary Address Line 1: | | |  | | | | | ABA / SWIFT\* Code: | | |  | |
| Line 2: | | |  | | | | | Sort / Transit Code: | | |  | |
| City: | | |  | | | | | Intermediary Bank Name: | | |  | |
| State/Province: | | |  | | | | | Intermediary Bank SWIFT Code: | | |  | |
| Country: | | |  | | | | | Intermediary Bank Country: | | |  | |

1. **Small Business Status**

*DI’s policy (in accordance with FAR 52.219-9(e)(5)) is for Small Businesses, Small Disadvantaged Businesses, Minority Businesses, Woman Owned Small Business, Veteran Owned Small Businesses, Service Disabled Veteran Owned Small Businesses, and HUB Zone business entities to have the maximum practicable opportunity to participate in the performance of subcontracts and/or prime contracts awarded to DI. Contact the Small Business Administration resources for more information regarding this process;* [*www.sba.gov*](http://www.sba.gov)*.*

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| **Please complete the North American Industry Classification System (NAICS) Code and size standard as applicable.** https://www.census.gov/naics/:\*\* | | | | | | | | |
| NAICS Code: |  | | The NAICS size standard is: | |  | | Dollars | Employees |
| Business Status: | Choose an item. | Small Business Classification(s): | | Small Disadvantaged Business\*\*\* | | Veteran-Owned Small Business | | |
| *Based on NAICS code* | *(Check all that apply)* | | Women-Owned Small Business | | Service-Disabled Veteran-Owned Small Business | | |
|  |  |  | | HubZone Business\*\*\* | | Minority or Alaskan-Owned Business | | |

**\*\*** *The Federal Government may impose a penalty against firms misrepresenting their business size, disadvantaged and/or HUB Zone status*

*\*\*\* Please provide a copy of certification*

1. **Vendor Certification:** Under penalties of perjury, I certify that (via electronic receipt or manual signature) information provided on this form is accurate, current, and complete to the best of my knowledge and that I am duly authorized to prepare and/or approve this form on behalf of the organization or individual identified in Section 1 of this form.

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| **Signature** (authorized individual to commit to contractual obligations) |  | **Date Signed** |