

Library of Congress Vendor Information Request

CEC / DUNS Number + Four										Please Fax to Office of Contracts and Grants Management (202) 707-8611 or LOC Office: (202) 707-9898														
SSN / TIN										<input type="checkbox"/> Corporations of partnerships use Federal Taxpayer Identification Number (TIN) <input type="checkbox"/> Independent contractors or sole proprietors use Social Security Number (SSN) <input type="checkbox"/> Foreign firms without TIN, do not enter number.														
VENDOR TYPE <input type="checkbox"/> 1. Employee <input type="checkbox"/> 2. Federal <input type="checkbox"/> 3. Nonfederal																								
TYPE OF BUSINESS <input type="checkbox"/> 1. Small Disadvantaged Business <input type="checkbox"/> 7. Other Nonprofit Organization <input type="checkbox"/> 13. Federal Government – Within Bureau <input type="checkbox"/> 2. Other Small Business <input type="checkbox"/> 8. State/Local Government Education <input type="checkbox"/> 14. Foreign Contractor <input type="checkbox"/> 3. Large Business <input type="checkbox"/> 9. State/Local Government Hospital <input type="checkbox"/> 15. Domestic Contractor <input type="checkbox"/> 4. Sheltered Workshop <input type="checkbox"/> 10. Other State/Local Government <input type="checkbox"/> 16. Woman Owned Business <input type="checkbox"/> 5. Nonprofit Educational Organization <input type="checkbox"/> 11. Federal Government – Non Dept. <input type="checkbox"/> 17. Minority Owned Business <input type="checkbox"/> 6. Nonprofit Hospital <input type="checkbox"/> 12. Federal Government – Within Dept. <input type="checkbox"/> 18. Emerging Small Business																								
NAME OF BUSINESS OR INDIVIDUAL										ALTERNATE NAME / DOING BUSINESS AS														
PRIMARY CONTACT NAME					TELEPHONE NUMBER					E-MAIL ADDRESS														
FINANCIAL CONTACT NAME					TELEPHONE NUMBER					E-MAIL ADDRESS														
SIC CODE				PRIMARY BUSINESS PRODUCT																				
MAILING ADDRESS																								
ADDRESS LINE 1 (<i>P.O. Box, or Number and Street</i>)																								
ADDRESS LINE 2 (<i>Building, Suite, etc.</i>)																								
CITY					STATE					ZIP CODE					COUNTRY									
TELEPHONE NUMBER										FAX NUMBER														
REMITTANCE ADDRESS (<i>Complete only if different than the address above</i>)																								
ADDRESS LINE 1 (<i>P.O. Box, or Number and Street</i>)																								
ADDRESS LINE 2 (<i>Building, Suite, etc.</i>)																								
CITY					STATE					ZIP CODE					COUNTRY									
TELEPHONE NUMBER										FAX NUMBER														
ACH FINANCIAL INSTITUTION INFORMATION																								
FINANCIAL INSTITUTION NAME										ROUTING / ABA NUMBER														
ACCOUNT NUMBER										TYPE					<input type="checkbox"/> Corporate Checking <input type="checkbox"/> Lockbox <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings									
CITY					STATE					ZIP CODE					COUNTRY									
ACCOUNT TITLE (<i>if different than name of business or individual</i>)																								
CERTIFICATION OF INFORMATION																								
I understand that the Library of Congress will make payments by ACH and have provided ACH financial institution information.																								
NAME					TITLE/POSITION					TELEPHONE NUMBER														
SIGNATURE										DATE														
FOR LICENSING DIVISION USE ONLY																								
LEGAL NAME (AS ON STATEMENT OF ACCOUNT)										ID#					PERIOD					TYPE				

The Library of Congress maintains a website which provides information regarding the status of vendor invoices, invoice payments, and other transactions at: <http://lcweb.loc.gov/fsd>