

NEW SUPPLIER TRANSCRIPT FORM



THIS SECTION TO BE COMPLETED BY BUYER/DRS TEM

Supplier Number: _____

BELOW SECTIONS TO BE COMPLETED BY SUPPLIER

Supplier Name: _____

Date: _____

Business Size: PLEASE CIRCLE ALL CLASSIFICATIONS THAT ARE APPLICABLE

- 1 – Small Business
- 2 – Large Business
- 3 – Small Disadvantaged Business
- 4 – Small Woman-owned Business
- 5 – Small Hubzone Business
- 6 – Small Veteran-owned Business
- 7 – Small Disabled Veteran-owned Business

Labor Category: 1 – MILITARY; 2 – COMMERCIAL; 3 – NON-RPRODUCTION

TIN: _____ 1099 Required? Y / N _____ D&B: _____

Pay to Address:

Street: _____

P.O. Box: _____

City: _____ State/Zip: _____

Supplier Payment Terms:

DRS TEM'S PAYMENT TERMS ARE NET 45 DAYS

Confirming Purchase Order Address:

Street: _____

P.O. Box: _____

City: _____ State/Zip: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Return Material Address: If same as PO address above, check here

Street: _____

City: _____ State/Zip: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

NAICS CODES:

Buyer Signature: _____

Manager, Purchasing (or designee): _____