

**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 <input type="checkbox"/>	
Street: _____ City: _____ State/Zip: _____ Contact: _____ Phone: _____ Fax: _____ Email: _____	
NAICS CODES: _____	
Buyer Signature: _____	
Manager, Purchasing (or designee): _____	