

VENDOR FILE REQUEST

1. REQUESTOR:	2. SERVICE:	3. PHONE NUMBER:
4. VENDOR NAME: (Mandatory) Doing Business As/Legal Name: Bungalow Software, Inc.	5. VENDOR ADDRESS: (Mandatory) Physical Location: Bungalow Software Mailing Address: 2905 Wakefield Dr. City: Blacksburg, VA 24060-8184 State/Zip:	
6. VENDOR TAX IDENTIFICATION NO. or SOCIAL SECURITY NUMBER: (Mandatory field must enter one or the other) TIN: 93-1285669 SSN:	7. VENDOR PHONE & FAX NUMBER: (Mandatory) Phone: 540-951-0623 Fax: 508-526-0305 Email: info@bungalowsoftware.com	
8. PAYMENT STREET ADDRESS: (Mandatory) Address: 2905 Wakefield Dr. City: Blacksburg, VA 24060 State/Zip:		
9. POINT OF CONTACT: Terri Nichols		
10. ACCOUNT NUMBER:		
11. Does Vendor have an existing contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If answer is YES, please enter Contract Number: _____ (i.e. GS-, V797 or any other contract with payment terms N/30 and expiration date) Beginning Date: _____ Expiration Date: _____ FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin Prompt Payment Discount: _____ (i.e. 2%/10; 1%/20 or N/30)		
12. 1099 Vendor Indicator: <input checked="" type="checkbox"/> YES (Always YES except if FEDERAL Government) <input type="checkbox"/> NO		
13. Business Type (FPDS) (Must check one): <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Outside U.S. <input type="checkbox"/> Other Entities		
14. Socioeconomic Group: (Please check all that apply) <input type="checkbox"/> Sm Disadvantage Bus <input type="checkbox"/> Javits-Wagner-O'Day <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> Veteran-Owned Small Bus <input type="checkbox"/> Woman-Owned Small Business <input type="checkbox"/> Historically Black College & Univ./Min Institute <input type="checkbox"/> Veteran-Owned Large Bus <input type="checkbox"/> Woman-Owned Large Business <input checked="" type="checkbox"/> None of the other business <input type="checkbox"/> Veteran-Service Disabled		
15. Purchase Card Accepted <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Visa, MC, Discover		
16. DUN and BRADSTREET NUMBER: 02-396-9038 (Mandatory-if vendor does not have one they need to go to http://www.dnb.com to register.		
17. Is Vendor registered with Central Contractor Registration (CCR)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory- for any purchase above the micro purchase limit, if vendor is not registered they can accomplish the task at: http://www.ccr.gov to register.		
18. Before we may enter any new vendor information within the VA database the <u>mandatory registration sites shall be checked</u> along with the status of the vendor's ability to do business within the Federal Government. Failure to check the mandatory field(s) could result in administrative action. The following two sites are your final check . http://epls.arnet.gov/ & http://exclusions.oig.hhs.gov/ Send Document to <u>VAMHCS Vendor Request</u> mail group or Fax to 410-642-1102 ATTN: Vendor File Request for processing.		