

# SCIENCE APPLICATIONS INTERNATIONAL CORPORATION

## Vendor Master Data Template

Completion of this form is required to establish your company as an authorized vendor in SAIC's Procurement System.

Please print clearly or type.

**SALES OFFICE ADDRESS** (for mailing/correspondence related to Purchase Orders)

Requesting SAIC P-Rep Name:

Requesting SAIC Buyer Name:

Buyer Phone Number:

Buyer Fax Number:

Purch Org # for Buyer: \_\_\_\_\_

**Full Legal Name of Business  
As Reportable to IRS**

City:

Phone Number:

County:

Alternate Phone Number:

DBA:

State/Country:

Fax Number:

Street Address:

Zip Code:

Salesperson Name:

### REMITTANCE ADDRESS

Name to Print on Checks:

State/Country:

Phone Number:

Street Address  
As Will Appear on Invoice:

Zip Code:

Alternate Phone Number:

City:

A/R Contact Name:

Fax Number:

County:

Buyer Verification \_\_\_\_\_ Date \_\_\_\_\_

### SOCIO-ECONOMIC STATUS - Check All That Apply (based on primary NAICS/MCC Code)

- Small Business
- SBA Certified SDB
- Large Business
- US Government Agency
- Labor Surplus Area (cannot be checked alone)
- Historically Black College
- Foreign Owned Business (must have W8 attached)
- Women Owned Business (cannot be checked alone)
- Disabled
- Education Institute

### Primary NAICS Code \_\_\_\_\_

- Non-Profit Organization
- JWOD Non-Profit Organization
- Minority Educational Organization
- HUBZone Certified
- Veteran  VietNam Veteran
- Ownership Ethnicity \_\_\_\_\_  
(Asian-Pacific Americans, Native Americans,  
African-Americans, Hispanic Americans,  
Subcontinent-Asian Americans)
- Service Disabled Vet

**TERMS OF PAYMENT**

**E-MAIL CONTACT**

### REQUEST FOR TAXPAYER ID NUMBER & CERTIFICATION (Substitute W-9) - Please indicate Social Security Number (SSN) or Federal Tax ID Number (TIN) for your type of organization below:

Individual/Sole-proprietorship (provide S.S.N.)    \_ \_ - - - - -

Corporation (provide TIN)    \_ - - - - -

Vendor is a Partnership (provide TIN)    \_ - - - - -

Other types (ie LLC, LLP)

**CERTIFICATION:** Under penalties of perjury, I certify that: 1) the number shown on this form is my correct T.I.N., 2) I am not subject to backup withholding because a) I am exempt from backup withholding or b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a US person (including a US resident alien).

Printed Name of Authorized Vendor Representative

Signature of US Person & Certification of Substitute W-9 Information

Date

**Return completed form to SAIC Buyer @ fax number indicated above.**