

VENDOR INFORMATION SHEET

SOLICITATION NUMBER: _____

REQUIREMENT TITLE: _____

COMPANY NAME: _____

POC: _____
(Last, First, Middle Initial)

ADDRESS: _____
(Number & Street) (City, State and Zip Code)

PHONE NUMBER: (____) _____ **MOBILE NUMBER:** (____) _____

EMAIL ADDRESS: _____

UNIQUE IDENTIFY NUMBER: _____ **CAGE CODE:** _____

Vendor's has an active and updated SAM record: ☐ YES ☐ NO

Vendor has an active and updated NIST Assessment in PIEE / SPRS: ☐ YES ☐ NO

I _____ agree with all terms, conditions, and provisions included in the solicitation and any solicitation amendments (IAW 52.212-1(a)(6)).

Signed by :

Name: _____ **Title:** _____ **Date:** _____