



# Smithsonian Institution Vendor Enrollment

<b>Vendor Action</b>	Create NEW ___ Change Existing Vendor # _____				
<b>Vendor Type</b> (Check One)	Supplier ___ Other Government Agency ___ Stipend Recipient ___ No Fee Consultant ___				
<b>Vendor Name</b>			<b>TIN/ITIN or SSN</b>	_____	
<b>Short Name</b>	(May be changed by OC)		<b>DUNS #</b>	_____	
<b>REMIT TO ADDRESS (for check disbursements ONLY).</b> <b>NOTE to Vendor: check disbursement may delay receipt of payment.</b>					
<b>Remit To Address</b>					
<b>City</b>			<b>State</b>	<b>Zip</b>	
<b>Contact Name</b>			<b>Phone</b>		
<b>Email</b>			<b>FAX</b>		
<b>Buy From Address</b>					
<b>Buy From Address</b>					
<b>City</b>			<b>State</b>	<b>Zip</b>	
<b>Contact Name</b>			<b>Phone</b>		
<b>Email</b>			<b>FAX</b>		
<b>Business Mailing Address</b>					
<b>Business Address</b>					
<b>City</b>			<b>State</b>	<b>Zip</b>	
<b>Contact Name</b>			<b>Phone</b>		
<b>Email</b>			<b>FAX</b>		
<b>Business Type (check all that apply)</b>					
<input type="checkbox"/>	8(a) Program Participant	<input type="checkbox"/>	Construction Firm	<input type="checkbox"/>	Municipality
<input type="checkbox"/>	American Indian Owned	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	HUB Zone Firm (*See note below)	<input type="checkbox"/>	Emerging Small Business	<input type="checkbox"/>	Research Institution
<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>	Foreign Supplier	<input type="checkbox"/>	S Corporation
<input type="checkbox"/>	Large Business	<input type="checkbox"/>	Historically Black College/Univ	<input type="checkbox"/>	Service Location
<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Labor Surplus Area Firm	<input type="checkbox"/>	Sheltered Workshop (JWOD Supplier)
<input type="checkbox"/>	Small Disadvantaged Business	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	Manufacturer of Goods	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Veteran Owned Business	<input type="checkbox"/>	Minority Institution	<input type="checkbox"/>	
<input type="checkbox"/>	Service Disabled Veteran Owned	<input type="checkbox"/>		<input type="checkbox"/>	
(*Note: HUB Zone Firm is a Historically Underutilized Business Zone Firm.)					
<b>Minority Owned Business Specific Types (check one)</b>					
<input type="checkbox"/>	Subcontinent Asian (Asian-Indian) American Owned	<input type="checkbox"/>	Asian-Pacific American Owned	<input type="checkbox"/>	Black American Owned
<input type="checkbox"/>	Hispanic American Owned	<input type="checkbox"/>	Native American Owned	<input type="checkbox"/>	No Representation/None of the Above
<b>TAX and Withholding Information (check one)</b>					
<b>1099 Recipient</b>	Y	N	<b>1042 Recipient</b>	Y	N
<b>1099 Code (check one)</b>	Rents	Royalties	Prizes and Awards	Health Care	Non-employee Compensation
<b>Federal Taxes will be withheld for Vendors without TIN/ITINS doing business in the U.S.</b>					
<b>Withholding Tax Rate</b>		<b>Exempt Code</b>		<b>Country Code</b>	
<b>REQUIRED</b>					
<b>Vendor Authorized Signer Name</b>				<b>Phone</b>	
<b>Title</b>					
<b>Vendor Signature</b>	X _____				
<b>SMITHSONIAN INSTITUTION USE ONLY</b>					
<b>SI Unit Contact Name:</b>			<b>DEPT ID</b>	_____	<b>Phone</b>
<b>Special Instructions to OC</b>					

SMITHSONIAN INSTITUTION

**ENROLLMENT FORM**  
**ACH VENDOR/MISCELLANEOUS PAYMENT**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains pay-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PAYEE/COMPANY INFORMATION**

NAME:	SSN NO. OR TAX PAYER ID. NO:
ADDRESS:	
CONTACT PERSON NAME:	TELEPHONE NUMBER:

**FINANCIAL INSTITUTION INFORMATION**

NAME:			
ADDRESS:			
ACH COORDINATOR NAME:	TELEPHONE NUMBER:		
NINE DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _			
DEPOSITOR ACCOUNT TITLE:			
DEPOSITOR ACCOUNT NUMBER:			
TYPE OF ACCOUNT:	CHECKING	SAVINGS	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER:		

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY: <b>SMITHSONIAN INSTITUTION</b>	AGENCY LOCATION CODE (ALC): 33010001	ACH FORMAT: CCD+ ____ PPD + ____
AGENCY IDENTIFIER: SI		
ADDRESS: <b>Smithsonian Astrophysical Observatory Subcontracts and Procurement 60 Garden Street, Mail Stop 22 Cambridge, MA 02138-1516</b>		
CONTACT PERSON NAME: Mr. Joseph Lendall	FAX NUMBER: 617-496-7957	TELEPHONE NO: 617-495-7401
UNIT CONTACT PERSON:	FAX NUMBER:	TELEPHONE NO:

**PRIVACY ACT STATEMENT**

The above information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment date, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.