

Cherokee Nation Businesses Vendor General Information Form

Yes No

Legal Vendor Name:(as filed with the IRS)	1099 to be issued?		
Doing Business As:(DBA, if applicable)			
Abbreviated Vendor Name:(short name if applicable)			
CNE's Account No.:(assigned by your company to CNE)			
Company License/ Certifications (e.g., ASP9100/ISO9000)			
Optional:D&B number			

NAICS CODES	Classification: A "Yes" Requires Verification.	Yes	No		Yes	No
	CHEROKEE-OWNED TERO (Must supply TERO certificate & NAICS codes)			NATIVE-OWNED BUSINESS Copy of CDIB/membership card		
	NATIVE-OWNED TERO (Must supply TERO certificate & NAICS codes)			MAJOR CHEROKEE EMPLOYER (Must have TERO Verification)		
	CHEROKEE-OWNED BUSINESS (Must supply copy of CDIB/Membership cards)			Other Minority/Female Owned		

Payment/Withholding Alternate Name(s):(if applicable)

ADDRESSES: (Complete all applicable address sections with the STREET and/or PO BOX and contact name)

PRICING Address:	Phone:
City, State Zip	Fax:
Contact Name:	Email:
ORDERING Address:	Phone:
City, State Zip	Fax:
Contact Name:	Email:
INVOICING Address	Phone:
City, State Zip	Fax:
Contact Name:	Email:
REMITTING Address	Phone:
City, State Zip	Fax:
Contact Name:	Email:
RETURN of Goods Address	Phone:
City, State Zip	Fax:
Contact Name:	Email:

Bank Name for Payments:	Account No:
Desired Terms (default net 30)	DFI Qualifier:(for EFT)
E-Payables Option (Merchant Fees May Apply) YES <input type="checkbox"/>	DFI ID:(for EFT)

Primary	Name & Title:	Telephone No.:	Fax No.:	
Vendor	Internet Address:			
Contact:	Email:	County:		
	Address:	City:	State:	Zip:

Below this line is for CNE Purchasing Department ONLY

CNE employee requesting vendor set up: Yes No

REASON FOR REQUEST:

Contract Amount Over 50k? Yes No

Coding for CNGC LICENSING		
GCS :	GCD :	Dates of CNGC Licensing
	N/A	Start Date:
CLASSIFICATION	Class "A"	Expiration Date:
	Class "B"	
	Class "C"	

Approved Not Approved Approved by: _____ Date: _____

(Authorized CNE Purchasing Agent ONLY)