



CUSTOMER PROFILE FORM

The purpose of this form is to provide customer and contact information for those customers and contacts which need to be established in the Bureau of Industry and Security (BIS) and National Oceanic and Atmospheric Administration (NOAA) customer database in the Core Financial System. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. If the customer is an individual (Consumer) complete the *italic* fields only unless otherwise noted.

Please check one: NEW CHANGE (please complete customer name and only those areas which have changed)

NAME: Legal Name _____
Division/subunit _____ (Not applicable to Consumers)
Acronym or shortened name _____ (6 characters/digits or less)

Type of Customer (select one):

- | | |
|---|--|
| <input type="checkbox"/> BIS Employee | <input type="checkbox"/> Foreign Commercial |
| <input type="checkbox"/> NOAA Employee | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Joint/Multiple Debtors (Civil Monetary Penalties) |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> State/Local Government |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> University |

Agency Location Code _____ (For Federal Government Agencies only)

Bill through IPAC? (Check one) Yes No

Taxpayer Identification Number (TIN)
SSN (*individual/sole proprietorship*) _____ - _____ - _____
EIN (*Corporation/partnership/sole proprietorship with one or more employees*)
_____ - _____
Parent Company Name _____
Parent Company EIN _____ - _____

Please provide a Customer Name and billing contact address below. (Applies to all Customer Types):

*Customer Name _____
*Contact Name and/or Title _____
*Address line 1 _____
Address line 2 _____
*City _____
*State _____ *ZIP _____ *Country _____
*DUNS Number _____
Phone _____ Fax _____
Internet E-mail address _____

*Required

CUSTOMER PROFILE FORM (cont'd)

Please provide an acceptance contact address below. (Optional for Reimbursable Customer Types):

*Contact Name and/or Title _____
*Address line 1 _____
Address line 2 _____
*City _____
*State _____ *ZIP _____ *Country _____
*DUNS Number _____
Phone _____ Fax _____
Internet E-mail address _____

*Required

Please provide a financial reporting contact address below. (Optional - Applies to Reimbursable Customer Types):

*Contact Name and/or Title _____
*Address line 1 _____
Address line 2 _____
*City _____
*State _____ *ZIP _____ *Country _____
*DUNS Number _____
Phone _____ Fax _____
Internet E-mail address _____

*Required

I certify that the information which I have provided on this form is correct.

Name (type or print) Title Phone#

Signature _____ Date _____