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):

_____ BIS Employee  ____ Foreign Commercial
_____ NOAA Employee  ____ Foreign Government
_____ Consumer  ____ Joint/Multiple Debtors (Civil Monetary Penalties)
_____ Commercial  ____ State/Local Government
_____ Federal Government  ____ 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_____________________________