

Contact Information

First & Last Name: _____

Email: _____

Request Date - Month: _____ Date: _____ Year: _____

Phone: _____ Fax: _____

PHN Employee Contact First & Last Name: _____

Company Information

Company Name: _____

Company Website Address: _____

Company Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country (if not in USA): _____

Billing Address (if different from above):

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Billing Contact First & Last Name: _____

Billing Phone: _____ Billing Contact Email: _____

Special Billing Instructions: _____

Organization Information:

Please select your company's organizational type:

_____ Corporation _____ LLC

_____ Other

If other, please specify: _____



Organization Information Continued:

Tax ID Number: _____ D-U-N-S Number: _____

State of Incorporation (if applicable): _____

Please select your company type:

_____ For profit _____ Not-for-profit

Name of parent company / companies: _____

Ownership (check all that apply):

_____ Small business _____ Minority-owned business

_____ Veteran-owned business _____ Women-owned business

_____ Veteran-disabled-owned business _____ Other

If other, please specify: _____

Products / Service for which the company desires to provide:

Other information for consideration:

Company Verification

Is anyone associated with the Company - either through ownership or other business/financial relationship* - an employee or Board Member of PHN or its subsidiaries? _____ Yes _____ No

If Yes, list name and affiliation.:

Signature of Company Representative: _____

*** Please include a copy of your company's W-9 with your application ***



For internal use only:

Review Procedure	Date	Result
SAM Verification		
OIG List of Excluded Individuals Verification		
GSA Excluded Parties List Verification		
Approval Signature:		

* Note that a person has a business/financial interest if the person has, directly or indirectly, through business, investment or family:

- a. An ownership or investment interest in the Company;
- b. A compensation arrangement with the Company or with any entity or individual with which the Company has a transaction or arrangement; or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Company is negotiating a transaction or arrangement.

* Note that compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

