**Vendor Profile Form**

COMPANY’S LEGAL NAME:

U.S. State of Formation: Website:

Date of Formation: Phone:

Tax EIN: Fax:

Total Office Locations: Total W2 Employees:

Headquarters Address: Mailing Address (For Payments):

Please provide us with the names of 3 other Clients that you are actively working with or have performed services for within the past 18 months. If you are prohibited from sharing this information, please provide a signed and notarized statement that you have had other clients other than EnumServices. in the past 18 months.

Client Name: Dates of Service:

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Federal Subcontracting

What is your DUNS number?

(Mark N/A if you do not have one)

Is your company an E-verify Employer?

Does your company have an active registration with SAM.gov?

Does your company have an affirmative action program?

Is your company an H1B-dependent company as defined under 20 C.F.R. 655.736?

(Circle appropriate responses)

My company ( is / is not ) an H1b-dependent employer.

My company ( is / is not ) a willful violator.

( True / False ) - My company is not an H1B-dependent employer or a willful violator.