

TVA Vendor Information / Vendor Electronic Payment Records / Vendor Name Change Request

Company Name: _____

Street Address _____

Mailing Address (if different) _____

City _____ County _____ State _____ Zip _____

City _____ County _____ State _____ Zip _____

Telephone: _____ Fax: _____

Internet E-mail Address (if available): _____

Internet E-mail Address or EDI ID for sending orders (REQUIRED - if not available, WHY NOT?) _____

Has your company ever been known by another name? Yes No

If "Yes," please fill out the following if they might have been in TVA's vendor database under another name.

Previous Information: Company Name: _____

Street Address _____

Mailing Address (if different) _____

City _____ County _____ State _____ Zip _____

City _____ County _____ State _____ Zip _____

CLASS CODE: (Choose One)

- A Small Disadvantage Business*
- B Other Small Business**
- C Large Business
- D JWOD Nonprofit Agency***
- E Educational Institution
- F Hospital

- G Non-Profit Organization
- K State/Local Government
- L Foreign Contractor
- M Domestic Contractor Performing Outside U.S.
- N Federal Agency
- U Historically Black College/Univ. or Min. Inst. (HBCU/MI)

*As defined in FAR 19.001. Includes HubZone small disadvantaged business concerns, Indian reservations, and all 8(a) concerns.

**Small business concern (including an individual) as defined in FAR 19.001 when Small Disadvantaged Business does not apply. Includes HubZone small business concerns.

***A non-profit agency employing people who are blind or severely disabled.

BUSINESS STATUS: (Check any that apply)

- Minority-Owned Business*
- Women-owned Business*
- 8(a) certified (as defined by SBA)

*Must be 51% owned operated and controlled

HubZone Code: Choose one if applicable. For an explanation of the Small Business Administration's HubZone code and to readily determine if your company qualifies as a HubZone business, you may access information at <http://www.sba.gov/hubzone>.

Qualified HubZone Small Business Concern

Qualified HubZone Small Business Concern/8A

Fuel Provider Yes No

Buyer (Surplus Property) Yes No

Do you accept VISA? Yes No

Tax Payer ID No.: (required) _____ 1099: Yes No

1099: TVA is required to report for companies who are a service provider to TVA.

Are you a service provider? Yes No

Is service provider an individual, employed by TVA and scheduled to receive a W-2? Yes No

(If 1099 is to be mailed to an address which is different than your mailing address, please provide the separate Tax address):

Attention: _____ Address: _____

City: _____ State: _____ Zip Code: _____

VALLEY BUSINESS PRESENCE:

Valley business presence is generally defined as a business unit which, taking into account the size and nature of its business, contributes to the economic development of the Tennessee Valley region (see map attached) by maintaining a meaningful presence in the Valley through the employment of Valley residents who perform at least 60 percent of the work under the contract with TVA. Based on the above description, can your business be classified as Valley Business Presence? Yes No

EXECUTIVE CONTACT:

Name: _____ Title: _____ Phone No.: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Fax No.: _____

PROVIDER OF INFORMATION:

Vendor's Signature: _____ Date: _____

Print Name: _____ Title: _____ Phone No.: _____

For TVA Use Only

Name of Contracting Officer Requesting Vendor No.: _____ Contracting Officer's Fax No.: _____

Phone No.: _____ Vendor Record No.: _____ EFT information sent to Accts Payable? Yes No

(TVA Contracting Officer **ONLY** E-mail form to "Supplier Information" or fax to (423) 751-2914)

REQUIRED BURDEN ESTIMATE STATEMENT

Public reporting burden for this collection of information is estimated to vary from 5 minutes to 25 hours per response, with an average of 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden, to Agency Clearance Officer, Tennessee Valley Authority, 1101 Market Street (EB 5B) Chattanooga, TN 37402; and to the Office of Management and Budget, Paperwork Reduction Project (3316-0062), Washington, DC 20503.

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Please double-click on icon below for TVA Vendor Information Map.

Acrobat Document



17300 Map.pdf

**TVA Vendor Information /
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Vendor Payment Form**

Company/Vendor Information

Name: _____

Taxpayer Identification Number _____

Accts. Receivable Contact Name: _____

Phone #: () _____ Fax #: () _____

Select one of the options below to receive your remittance information:

Send remittance information to fax machine # () _____

Send remittance information to e-mail address _____

Send remittance information to bank with payment

Send remittance information to EDI mailbox. If this selection is made, provide the following:
Sender/receiver ID; Qualifier ID; VAN; and brand of EDI software.

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Address: _____
_____ Phone #: () _____

Nine-digit Routing Transit Number: **(ACH)** _ _ _ _ _

Account Number: _____

Type of Account: Checking Savings

For TVA Use Only

Vendor Record No.: _____

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The following information should be supplied when a Contract Manager/Contract Agent receives information that a company name has changed.

CM/CA Name:	
CM/CA Phone No.:	
Current Vendor Number(s):	
Current Vendor Name:	
Current Vendor Address:	
New Vendor Name:	
Effective Date of Name Change:	
New Vendor Address:	

QUESTIONS TO BE ANSWERED BY THE VENDOR AND/OR THE BUYER:

Have you agreed to honor existing commitments under your former name? (Explain if applicable.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has some type of Master Assignment Agreement been issued? (Explain if applicable.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will each affected buyer be required to issue an assignment agreement for unfilled requirements? (Explain if applicable.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a new vendor number is issued, will the buyer be required to issue revisions on all outstanding POs and/or releases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the TAX ID, phone, fax, email, etc., change? (Include any changes in section for this information.) (Explain if applicable.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the vendor a manufacturer with CAT IDs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the banking information change? (If yes, fill out information in section for Electronic Vendor Payment Information.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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CHECKLIST		<u>Outcome</u>
<u>CM/CAs</u>	Vendor and/or CM/CA answer questions pertaining to the name change and complete appropriate section if other categories have changed and, if the banking information will change complete-section for Electronic Vendor Payment Information.	
	Check PassPort to see who the other buyers are with open contracts with the vendor and email the buyers to notify them of your plan to request a name change on vendor number _____ and copy Supplier Information (Vendor Control) on the email.	
	Review for completeness and Email form 17300 to Supplier Information mailbox or FAX to 751-7613. If the banking information is not changing, specifically notify Vendor Control when sending the request for a name change.	

CHECKLIST		<u>Outcome</u>
<u>Vendor Control (Supplier & Diverse Business Relations)</u>	Request input from all of the Vendor Control Group by routing information electronically. Routing list will include Jack Cain for EDI, Accounts Payable, Employee Accounting, Classification, Vendor Audit Services (if ASL "Y" or "I"). Indicate "Yes" or "No" changing banks.	
	Research PassPort to make changes to applicable vendor nos. Notify any CM/CAs who have open contracts with the vendor but were not notified in the email from the CM/CA requesting the change and copy the requester and other CM/CAs who had been notified by the requester.	
	Key information into the NOTES panel (old vendor name, old vendor address, effective date of name change, CM/CA requesting change, other CM/CAs notified, all affected vendor numbers, etc.).	
	Notify Vendor Control Group and Procurement of changes. Give a short description of the change(s) made and the reason(s) change(s) were made, including the effective date of change.	