



Supplier Registration Form

New Supplier

Supplier Update

This registration is for suppliers who are engaged to provide goods and services to Axiom Space. In order for Axiom Space to make payments to suppliers it is necessary to have this form completed and returned to [SupplierRegistration@axiomspace.com](mailto:SupplierRegistration@axiomspace.com).

INSTRUCTIONS: All questions should be answered. Questions that are not applicable should be identified "NA".

Section A. Company Information

Company			
Name			
Address			
City & State		Country & Zip	
Telephone		Website	
Cage Code No.		DUNS No.	
Sales Contact		Title	
Email		Phone	
Principle Owners and Key Personnel			
Principle/Owner		Title	
Quality Assurance		Title	
Manufacturing		Title	
Engineering		Title	
Primary Contact		Title	

Type of Ownership:

- Corporation       Division       Subsidiary  
 Partnership       Affiliation       Franchise  
 Proprietorship       Non-Profit Organization  
 Other \_\_\_\_\_

Primary Business:  Manufacturer  Distributor       Retailer    Service    Consulting

Payment Terms: Choose an item:

**\*Axiom's Standard Payment Terms are Net 30, unless stated otherwise in writing.**

Tax Identification Number: TIN # (or SS if applicable): \_\_\_\_\_

State any other name(s) used for your organization: \_\_\_\_\_

Please provide the applicable North American Industrial Codes (NAICs) for the type of products/services that your organization provides to Axiom Space and check the corresponding size status for each and authorized signature.

NAICS Code \_\_\_\_\_ Business Size  (S) or  (L) Signature \_\_\_\_\_  
 NAICS Code \_\_\_\_\_ Business Size  (S) or  (L) Signature \_\_\_\_\_  
 NAICS Code \_\_\_\_\_ Business Size  (S) or  (L) Signature \_\_\_\_\_



CERTIFICATION (check appropriate sections)

Check all that apply:  
Business Size and Type

- SIZE:
- Small Business
  - Small Disadvantaged Business
  - Certified by SBA as a HUBZone Small Business
  - Woman Owned Small Business
  - Veteran Owned Small Business
  - Service-Disabled Veteran Owned Small Business
  - Large Business (including non-profit)
  - Historically Black College/University
  - Minority Owned
  - Alaskan Native Corporation
  - Native American Tribe
  - Other: Specify \_\_\_\_\_

Please Note:

*Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or woman-owned small business concern in order to obtain a subcontract that is to be included as part or all of a goal contained in a Contractor's subcontracting plan established to section 8(d) of the Small Business Act, shall (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation in programs conducted under the authority of the act.*

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.703 or 52.219-8. If you have difficulty ascertaining your size status, please refer to SBA's website at [www.sba.gov/size](http://www.sba.gov/size) or contact your local SBA office.

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Section B. Quality

Quality System

Has the Company achieved a quality system registration?  Yes  No

If yes, to which set of certifications do you hold? \_\_\_\_\_

Registrar: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If not ISO 9001 registered, is the company working towards registration?  Yes  No

If yes, what is the projected date of registration? \_\_\_\_\_

If not registered, is the quality system compliant, or designed accordingly to any other recognized quality management system standard? \_\_\_\_\_

If so, which one? \_\_\_\_\_

If necessary, may Axiom Space conduct a formal on-site survey of your facilities?  Yes  No



Section C. Payment Information

I, (Vendor Name) \_\_\_\_\_, authorize Axiom Space, Inc. to initiate electronic credit entries for the purpose of payment of invoice.

TYPE OF ACCOUNT:

- Checking account
- Savings account
- Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial account)

**ACH/WIRE**

Name on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Routing Number (ACH): \_\_\_\_\_

Account Number (ACH): \_\_\_\_\_

Does this account/routing accept wire?  Yes  No

If No:

Routing: \_\_\_\_\_ Account: \_\_\_\_\_

Remit to mailing address: \_\_\_\_\_

Accounts Receivable Contact Name: \_\_\_\_\_

Accounts Receivable Contact Email: \_\_\_\_\_

**Credit Card**

Do you accept Credit Card as a form of payment?

Yes  No

If yes, is there a processing fee?

Yes \_\_\_\_\_%  No

Method of payment:

Phone  Portal / Link

Credit Card Authorization Form

Other: \_\_\_\_\_

**CHANGES TO YOUR DIRECT DEPOSIT AUTHORIZATION:**

In order to warrant those payments that Axiom Space Inc. originates through the ACH or WIRE network comply with all US Laws, Axiom Space Inc. must rely upon the organization to advise if this credit authorized by you is being sent to a Non-US Financial Institution explicitly for the purpose of this payment. Please contact Axiom Space Inc. at [AP@AxiomSpace.com](mailto:AP@AxiomSpace.com) with any changes to your ACH or WIRE Credit Authorization.

**Part II. Debarment, Suspension or Proposed Debarment (FAR 209-5)**

I/We are not barred, suspended, or proposed for debarment by the Federal government. If I/We should become debarred, suspended, or proposed for debarment, at any time during our contractual relationship, I/We will notify Axiom Space in writing of this status.

**Part III. – Required Documents to Be Submitted with Questionnaire**

- a. Completed IRS Form W-9
- b. Supplier Code of Conduct

Note: Review Title 18 U.S.C. 1001- The *penalty for making false statements*

By submitting this document, you hereby agree and certify that none of the responses set forth above: (a) contains any untrue or incomplete statement of fact; or (b) omits to state any fact which is necessary to make any of such responses not misleading to a party seeking full information about. Furthermore, the undersigned agrees to notify Axiom Space in writing within ten (10) days of any significant changes in the status of its business operations, including, but not necessarily limited to, the business classification status indicated in Part I of this document, as well as any other condition that would result in non-compliance with any and all of the applicable governing laws referenced herein.”

\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

It is the responsibility of the supplier to notify Axiom Space if the Supplier information or ownership status changes.