

**Materials Sciences LLC**  
**New Vendor Form**

Company Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Address : \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Payments Accepted:      Check \_\_\_\_\_                      American Express      \_\_\_\_\_

Company Information: \_\_\_\_\_ Large Business  
*Check all that apply.* \_\_\_\_\_ Small Business  
\_\_\_\_\_ Women-Owned Business  
\_\_\_\_\_ Veteran-Owned Business  
\_\_\_\_\_ Service-disabled Veteran-Owned Business  
\_\_\_\_\_ Disadvantaged Business

**Certification:**

FAR 52.209-6 - By signing below you are certifying that you are an authorized representative, and that your company has not been debarred, suspended, or proposed for debarment by the Federal Government as of the date of this agreement. If your company does become debarred, suspended, or proposed for debarment you agree to notify MSC immediately.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_