



COMSYS Information Technology Services, Inc.
Attn: vWorx Vendor Enrollment
400 Interstate North Parkway
Suite 860
Atlanta, GA 30339
eFax: (602) 680-1158

vWorx

SUPPLIER QUESTIONNAIRE

Client Name: _____



vWorx Supplier Questionnaire

Legal Name of Business:

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Physical Address:

Main Phone#:

--

Point of Contact:

Name:

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Phone#:

--

E-mail:

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Fax#:

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Taxpayer ID # (TIN):

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Electing Direct Deposit:

Yes No (Circle One)

Pay-To-Address:



vWorx Supplier Questionnaire

Already Approved as a sub-supplier with COMSYS or Enrolled in another vWorx Program?

Yes No (Circle One)

Is the firm submitting this questionnaire and identified by the taxpayer identification number on page one of this form certified as any of the following? Circle all that apply.

Minority-Owned Business (MBE): Yes

Women-Owned Business (WBE): Yes

Small Disadvantaged Business (SDB): Yes

Disadvantaged Business Enterprise (DBE): Yes

Disabled Veteran Business (DVBE): Yes

If you have any other Federal business certifications not listed above, please identify the certifying agency: _____ and e-fax the certificate along with this form.

If you answered 'Yes' to any of the above certification questions, **you must submit a copy of your current certificate** along with this form. You will be notified by COMSYS at the renewal date and will be required to submit your updated certificate.

Questions regarding completing this form? Please e-mail them to:

vWorx-Vendor-Enrollment@comsys.com