Kearfott Corporation

A Subsidiary of *A*stronautics Corporation of America

SUPPLIER DATA SHEET

INTERNAL USE ONLY
VENDOR CODE:

1. COMPANY NAME:	3. Address Information: Street Address: PO Box CITY: STATE: ZIP CODE + 4: CAGE CODE IF APPLICABLE
TELEPHONE: FAX:	3A. ADDRESS TYPE (CHECK ALL TYPES APPLICABLE TO THE ADDRESS IN NO.2). CAGE CODE IF APPLICABLE ☐ PURCHASE ORDER (P) ☐ REMIT TO (R) ☐ MANUFACTURING (M) ☐ BUYING (FOR SURPLUS) (B) ☐ CORPORATE HEADQUARTERS (Q)
E-MAIL:	
TAX ID NO.: DUNS NO.	
STANDARD INDUSTRIAL CLASSIFICATION:	

NOTE: FOR ITEM 2 IF MORE THAN ONE ADDRESS EXISTS FOR YOUR COMPANY, THEN YOU MUST PHOTOCOPY THIS SHEET AND COMPLETE ITEMS 1-3 FOR EACH ADDITIONAL ADDRESS.

4. NAMES OF OFFICERS, OWNERS OR PARTNERS

PRESIDENT:	VICE PRESIDENT:
SECRETARY:	TREASURER:
OWNERS OR PARTNERS:	CHIEF EXECUTIVE OFFICER:
NUMBER OF EMPLOYEES AT THIS ADDRESS?	5. INDIVIDUAL RESPONSIBLE FOR THIS ACCOUNT:
ESTABLISHED: NET WORTH:	TELEPHONE: EXTENSION:

6. NATURE OF BUSINESS (CHECK ONLY ONE): ☐ MANUFACTURER ☐ DISTRIBUTOR ☐ MANUFACTURER REP. ☐ TRANSPORTATION ☐ CONTRACTOR ☐ SERVICE ☐ PROFESSIONAL SERVICE ☐ RESEARCH & DEV. ☐ NON-PROFIT ☐ PUBLIC UTILITY	7. BUSINESS SIZE: ☐ LARGE (02) ☐ WOMAN OWNED (W1)* ☐ SMALL (01)* ☐ SMALL DISADVANTAGED (06)* ☐ 8A APPROVED *AS DEFINED BY FAR 52.219
6A. PRODUCT/SERVICE PROVIDED:	8. ARE YOU FOREIGN OWNED/CONTROLLED? ☐ YES ☐ NO IF YES, ARE YOU INCORPORATED IN THE US? ☐ YES ☐ NO

9. TYPE OF ENTITY:

☐ SOLE PROPRIETORSHIP ☐ NON-PROFIT ☐ MEDICAL CORPORATION* ☐ PARTNERSHIP

☐ CORPORATION-INCORPORATED UNDER THE LAWS OF THE STATE OF: _____ * *COMPLETE BLOCK 9A*

9A. PARENT CORPORATION:	PARENT CORP. D & B NUMBER:

10. QUALITY SYSTEM DESCRIPTION (i.e. ISO, MIL, etc.) **ISO REGISTRATION**

☐ ISO 9001 ☐ ISO 9002 ☐ OTHER BY:_____ DATE:_____

11. CERTIFICATION--I certify that information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency as the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.

SIGNATURE OF PERSON COMPLETING THIS FORM	TITLE	DATE:

SUBMIT FORM TO:

Kearfott Corporation

Guidance & Navigation Division
1150 McBride Avenue
Little Falls, NJ 07424-2500
Attn: Materiel Department
Fax No: 973-785-5519

Motion Systems Division
2858 US Highway 70 W
Black Mountain, NC 28711-9111
Attn: Materiel Department
Fax No: 828-686-5764

***A*stronautics Corporation of America**
P.O. Box 523
Milwaukee, WI 53201-0523
Attn: Materiel Department
Fax No: 414-447-8243