



Guam & Micronesia

G4S Secure Solutions (Guam), Inc.
G4s Security Systems (Guam), Inc.
G4S Secure Solutions (CNMI), Inc.

VENDOR REGISTRATION FORM

(updated 03.15.2017)

Section A. Company Information

Company Name:			
DBA (if any):			
Mailing Address:			
Physical Address:			
Year Established:		State & Country HQ:	
Parent Company:			
Parent's Country:		No. of Employees:	
EIN/SSN: (if in U.S.)		CAGE Code & DNB No.	
Business Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____		
Principals/ Officers:		Name	Title
	1)		
	2)		
	3)		
Small Business Classification (SBA): (list all)			
Product / Services Offered: (attach Capability Statement or similar literature).	1)		
	2)		
	3)		
Sales Contact		Phone No.	Email
Order Contact		Phone No.	Email
Billing Contact		Phone No.	Email
Remit Contact		Phone No.	Email

Section B. Commercial / Banking Info			
Accepted Payment Methods (Check all the apply)	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> ACH <input type="checkbox"/> Others _____	If Credit Card, (check all that apply) <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discovery	
Payment Terms:			
For Wire Transfers/ACH, kindly provide the following info: (attach separate doc if available)			
Beneficiary Name:			
Beneficiary Bank:			
Beneficiary Account:		SWIFT Code:	
Bank Address:			
Beneficiary Address:			
ABA Routing No. (Wires)		ABA Routing No. (Wires)	
Section C. Due Diligence Questionnaire, Declaration & Other Information			
1. Does the Vendor have any conflicts of interest (directly or indirectly) with G4S? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
2. Does the Vendor have any record (resolved/unresolved) of human rights violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
3. Does the Vendor have any case (resolved/unresolved) of violations of U.S., Guam or CNMI tax laws (e.g. tax evasion, non-payment of employment taxes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
4. Has the Vendor been barred from participating in any Guam, CNMI or Federal govt bids? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
5. Has the Vendor ever been convicted or litigated for fraud or any criminal violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
6. Has the Vendor ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, What Year? _____?)			
7. Last Year Annual Revenues (USD)		Note: Form W-9 must be submitted to complete vendor registration.	
Section D. Approvals & Signature			
Signature & Date			
Name & Title of Vendor Representative			

Attached Form W-9 (Please submit the registration & W-9 to Procurement Dept, purchasing@gu.g4s.com or Fax at +1 (671) 649-7245)