



**TWENTIETH CENTURY FOX ACCOUNTS PAYABLE
VENDOR PROFILE FORM**

(VERSION 09-08-11)

Section 1: Vendor Information

Business Name/Taxpayer Name (Exact Legal Name): _____

Federal ID Number/Social Security Number: _____

Parent Company (if applicable): _____

Business Type: Corporation Partnership Sole Proprietorship Individual

Officers: (please list Owner or Directors)
 Principal/Owner: _____
 Chief Executive/President: _____
 CFO/Controller: _____
 Number of years in business: _____

Contact Name: _____ **Tel #:** _____
E-mail: _____

Remittance Address: Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____

Physical Business Address: Address: _____
 City: _____ State: _____ Zip: _____
 Fax #: _____

Any relationship to any Fox Employee? Yes No
 If Yes, describe relationship: _____

Section 2: Payment / Banking Information

You may elect to receive payments by ACH/EFT or Check. If you elect to receive ACH/EFT payments, the enrollment information will be mailed to your remittance address.

ACH / EFT Check

Standard Payment Terms: Net 45 Days, unless otherwise negotiated.

Section 3: Business Classification (Domestic Vendors Only)

In accordance with Government regulations and prime contract requirements, we are required to verify the business size and classification of our suppliers and potential suppliers. The responsibility of determining classification type of your business is yours. If you have questions, please contact your U.S. Small Business Administration Office. PLEASE CHECK THE APPROPRIATE RESPONSE IN EACH SECTION, IF APPLICABLE.

Section A	Section B	Section C
<input type="checkbox"/> Large Business Concern <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Small Disadvantaged Business Concern <input type="checkbox"/> Other Minority Business Concern <input type="checkbox"/> Woman-Owned Business	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Native-American <input type="checkbox"/> Asian-Indian American	Is the business presently certified as a minority business with any governmental agency or body such as the Small Business Administration, The Minority Business Development Agency, or an affiliated Council of the National Supplier Development Council etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No (You may be requested to submit documentation)

Please attach the following: 1. W-9 (W-8) / TIN; 2. Quote of work to be performed; 3. Ratecard
 (circle items attached, as appropriate)

I hereby certify, under the penalty of perjury, that to the best of my knowledge, the information presented here is true and correct.

Respondent's Name: _____ **Respondent's Signature:** _____

Date: _____