



2010 Supplier Profile Information

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Remit to
Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

1. Business or Individual Classification (Check all that apply)

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Business | <input type="checkbox"/> Foreign | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> Disabled-Veteran Owned | <input type="checkbox"/> HUBZone Certification | <input type="checkbox"/> Govt. Agency or Entity | <input type="checkbox"/> Govt. Certification # (if Applicable) |
| <input type="checkbox"/> Women-Owned | <input type="checkbox"/> Certified Small Disadvantaged Business | | | |
| <input type="checkbox"/> Minority-Owned | | | | |

2. Ownership Status

- | | | | | |
|-----------------------------------|--------------------------------|---|---|---|
| <input type="checkbox"/> Minority | <input type="checkbox"/> Women | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Minority/Women | <input type="checkbox"/> Non-Minority/Non-Women |
|-----------------------------------|--------------------------------|---|---|---|

3. Ownership Ethnicity

- | | | | | | |
|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian-Pacific | <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other | _____ | | | | |

4. Number of Full-Time W-2'd Employees

- | | | | | |
|--------------------------------|-------------------------------|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-10 | <input type="checkbox"/> 11-50 | <input type="checkbox"/> 51-100 | <input type="checkbox"/> 101-1000 |
| <input type="checkbox"/> 1000+ | | | | |

5. Annual Sales Volume in Dollars (Thousands)

- | | | | | |
|---------------------------------------|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> <25 | <input type="checkbox"/> 25-100 | <input type="checkbox"/> 101-500 | <input type="checkbox"/> 501-1,000 | <input type="checkbox"/> 1,001-5,000 |
| <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 10,001-50,000 | <input type="checkbox"/> 50,001-100,000 | <input type="checkbox"/> >100,000 | |

6. Type of Ownership

- | | | | | |
|--|--------------------------------------|--------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> Other |
|--|--------------------------------------|--------------------------------------|------------------------------|--------------------------------|

7. Type of Withholding Tax Exemption

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Tax Exempt Charity/IRA | <input type="checkbox"/> US or Any of its Agencies/Instruments | <input type="checkbox"/> Foreign Gov't/Political Subdivision |
| <input type="checkbox"/> N/A | | | <input type="checkbox"/> Independent Contractor |

8. Have you been notified by the IRS that you are currently subject to backup withholding?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

9. Business Type
- | | | | | |
|---|---|--|---|-----------------------------------|
| <input type="checkbox"/> Desktop Services | <input type="checkbox"/> Engineering | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Software |
| <input type="checkbox"/> GIS/Networking | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> People Services | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Other |
-

10. Type of Currency Needed for Payment _____

11. Enter Type of Service/Goods Provided to Affymetrix

12. Tax payer identification number (FEIN or SSN) _____

13. Do You Accept Visa/ MC? _____

14. North American Industry Classification System (NAICS) <http://www.naics.com/search.htm>

15. Do you agree to comply with all applicable state and federal Equal Opportunity Employer laws and regulations?

I certify under penalty that the information I have provided is correct. The Supplier by its signature affixed hereto declares under penalty of perjury that this information contained herein is true and correct (Government regulations). I certify under penalty of perjury that the Tax Identification Number I have provided is correct (*IRS regulations*).

Print Name _____ Print Title _____

Signature _____ Date: _____ Phone: _____

FOR PURCHASING USE ONLY
 PURCHASING ORG
 PURCHASING AGENT

ACCOUNT GROUP
 COMPANY CODE TERMS