

## American Defense Systems, Inc. Supplier Registration Form

Thank you for registering your company with American Defense Systems, Inc. (hereafter ADSI) Supplier registration form. This registration is intended to provide ADSI with basic information about your company and your capabilities. Completion of this Supplier Registration form is no guarantee of continuing or future business with ADSI. Some divisions may require additional information (representations and certifications, quality assurance information, etc) prior to evaluating the potential for doing business with your firm. Further inquiries should be sent directly to business development directorates that you have targeted for the marketing of your products or services. Please note that you will not receive a confirmation upon completion of your registration. All information provided will be held in the strictest confidence.

\* Indicates Required Field

**Indicate whether you are a new or current ADSI Supplier:**

New Supplier  Current Supplier

**Enter supplier contact information below.**

Company Name.*	<input type="text"/>	Required Field
Company Address.*	<input type="text"/>	Required Field
Country*	<input type="text" value="UNITED STATES"/>	
Street 1.*	<input type="text"/>	Required Field
Street 2.	<input type="text"/>	
City.*	<input type="text"/>	Required Field
State.*	<input type="text" value="ALABAMA"/>	
Zip.	<input type="text"/>	
Contact Name.*	<input type="text"/>	Required Field
Contact Title.*	<input type="text"/>	Required Field
Contact Phone Number.*	<input type="text"/>	Required Field
Contact FAX Number.*	<input type="text"/>	Required Field
Contact Email Address.*	<input type="text"/>	Required Field

**Specify company details below.**

Federal Tax ID.*	<input type="text"/>	Required Field
Duns Number:*	<input type="text"/>	Required Field

Congressional District:

Cage Code:

Citizenship.

U.S. owned  Foreign owned

Company is.

Independent:

Division of:

Affiliate of:

Subsidiary of:

Type of Business.\*

Manufacturing  Distributor  Service Industry

Name of Principle Owner\*  Required Field

Year of Establishment\*  Required Field

Enter up to three NAICS codes below.

NAICS code 1\*  Required Field

NAICS code 2

NAICS code 3

Number of employees\*  Required Field

Website Address:

Description of Company + Commodities (500 Character Maximum)\* Required Field

Size classification \*

Small Business (SB)  Large Business (LB)

Small Business Subcategories (Check all that apply).

HubZone

HubZone SBA Certification Date:

Small Disadvantaged Business (SDB)

SBA Expire Date

- Woman Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran Owned Small Business (SD-VOSB)
- HBCU/MI

Once completed send to [military@adsiarmor.com](mailto:military@adsiarmor.com)