



Vendor Portal On-Boarding Registration Worksheet

I am registering a ...
(select **ONLY** one Contract Type per form)

BPA - Blanket Purchase Agreement

IQC - Indefinite Quantity Contract

MOA - Memorandum of Agreement

MOU - Memorandum of Understanding

ROA - Resale Ordering Agreement

RTC - Requirements Type Contract

We're excited to welcome your company to the new Vendor Portal. To prepare for the on-boarding registration, complete the following information for your company and Authorized Negotiator. The Authorized Negotiator is the person who is (1) authorized to contractually bind your company, (2) is identified by letter in your contract or agreement, and (3) is named as the SAM Government Business Point of Contact.

COMPANY NAME

DOING BUSINESS AS (DBA) COMPANY NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PRIMARY BUSINESS PHONE

AUTHORIZED NEGOTIATOR NAME (Last, First, Initial)

PHONE

EMAIL

AUTHORIZED NEGOTIATOR TITLE

Training Date Selected

Using the dropdown menu below, select the date that you will take the Web Based Training (WBT). Your login credentials will be emailed to you on the selected training date. The WBT modules are available 24/7/365 on <https://www.commissaries.com/our-agency/business-with-deca/ebs-vendor-portal>.

CERTIFICATION

I have reviewed the data provided on this form and hereby authorize DeCA to establish a Vendor Portal Account for the company. I also hereby inform DeCA that the Authorized Negotiator(s) listed on this form is/are current and is/are the only person(s) authorized to contractually bind the company.

PRINTED NAME

SIGNATURE

TITLE

DATE SIGNED

For DeCA Use Only

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Additional Company Information

Enter your Contract Number, Vendor Number, CAGE Code, and DUNS Number below.

NOTE: The Contract Number begins with **HDEC01**, **HDEC02**, **HDEC09**, or **HQC006**.

Contract Number

Vendor Number

CAGE Code

DUNS Number

Additional Authorized Negotiators

Complete the following for additional persons who are authorized to contractually bind your company.

NAME (Last, First, Initial)	POSITION TITLE/AFFILIATION	PHONE	EMAIL
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Authorized User Information

Enter the information below for all persons who will need access to your Vendor Portal account.

NAME (Last, First, Initial)

PHONE

EMAIL

USER ROLE