**ERCOT Supplier Information Form (SIF)**

Suppliers must complete this form to be considered as a supplier for ERCOT or to update information per ERCOT’s request. Please e-mail completed/signed form with requested attachments to: [NewVendorInfoForms@ercot.com](mailto:NewVendorInfoForms@ercot.com) or fax fully completed and signed form to ERCOT’s Procurement Department at (512) 248-4591, to the Attention of “Supplier Information”. If this is in conjunction with a RFP/RFQ, please note the RFP/RFQ name as well as an ERCOT contact name in your e-mail or fax coversheet.

**Requested Attachments:**

1. **Executed W-9** (no older than one year);
2. **Texas Secretary of State Proof of active Status** (required for Texas entities and non-Texas entities with offices in Texas);
3. **Texas Comptroller Proof of Good Standing** (i.e., Certification of Account Status from Texas Comptroller website);
4. A list identifying all company Officers and Board of Directors members;
5. **Documentation of assumed name(s)**, if any;
6. **If outside of Texas, Secretary of State Certificate proof of active status and/or good standing** (from state of organization);
7. If the anticipated annual sales to ERCOT is > $250,000, Supplier’s most recent two (2) years audited financial statements (enclose un-audited financials if supplier is not audited); Publicly held companies may attach (or send link to) Supplier’s most recent Forms 10-K and 10-Q.

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| **Supplier Legal Name and Company Information** |

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| Supplier Legal Name (as shown on W9):  Click here to enter text. | dba: Click here to enter text. |
| Supplier Contact: Click here to enter text.  Phone: Click here to enter text.  E-mail: Click here to enter address | Title: Click here to enter text.  Fax: Click here to enter text.  Company Website: Click here to enter text. |
| **For validation of company address or banking changes, provide secondary supplier contact** | |

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| Supplier Contact: Click here to enter text.  Phone: Click here to enter text. | Title: Click here to enter text.  E-mail: Click here to enter address |
| Supplier Tax ID Number: Click here to enter text.  State of Organization: Click here to enter text.  Type of Entity: **Choose an item.** | DUNS Number: Click here to enter text.  State of Formation: Click here to enter text. |
| Reason for Submitting VIF: **Choose an item.**  Provide name of RFP/RFQ, if applicable: Click here to enter text.  Products or Services sold/provided by Supplier: Choose an item.  Expected $ Annual ERCOT Business: $enter number | If other, describe: Click here to enter text.  If other, describe: Click here to enter text. |
| ERCOT Contact Person (if any): Click here to enter text. | Phone or email: Click here to enter text. |
| **Purchase Order/Primary Corporate Address** | |

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| Specify Area codes on all numbers. Use format: 123-456-7890  Phone: Click here to enter text. | | | Fax: Click here to enter text. | |
| Contact Person: Click here to enter text.  E-mail: Click here to enter address | | | Title of Contact: Click here to enter text. | |
| Address: Click here to enter text.  City: Click here to enter text. | Prov/State: Click here to enter text. | | | Postal/Zip: Click here to enter text. |
| If not Canada or USA, complete Postal/Zip above and insert Country and Prov/State Below: | | | | |
| Country: Click here to enter text. | Prov/State: Click here to enter text. | | | |
| **Bank Details** | | | | |
| Bank Name: Click here to enter text. | | Bank Account Number: Click here to enter text. | | |
| Account Holder Name: Click here to enter text. | | ACH ABA/Routing Number: Click here to enter text. | | |
| Payment Type:  ACH  Check  Wire | | | | |
| **Security Code (May be used by Supplier to verify legitimacy of future address or banking information changes.)** | | | | |
| Security Code: Click here to enter text. | | | | |
| **Remit Address** | | | | |
| **Same as purchase order/primary corporate address** | | | | |
| Specify area codes on all telephone and fax numbers. (Use format: 123-456-7890) | | | | |
| Telephone: Click here to enter number. | E-mail: Click here to enter address | | Fax: Click here to enter number. | |
| Address: Click here to enter text. | | | | |

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| City: Click here to enter text. | Prov/State: Click here to enter text. | | | Postal Zip: Click here to enter text. |
| If not Canada or USA, then complete Postal/Zip above and insert Country and Prov/State below: | | | | |
| Country: Click here to enter text. | | Prov/State: Click here to enter text. | | |
| **ERCOT is a Tax-Exempt entity and should not be charged sales tax on the purchase of any good or service. All payments made by ERCOT will be in United States Currency.** | | | | |
| **Product/Service Description** | | |  | |

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| Provide a detailed description of the products or services that you intend to provide to ERCOT (include expertise, if services): Click here to enter text. |
| **Projected Sales > $250,000: Complete section below and include two years of financials** |
| Supplier Credit Contact: Click here to enter text. |

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| Phone Number: Click here to enter text. | E-mail: Click here to enter address |

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| Full legal name of supplier parent company (if any): Click here to enter text. |
| Other Supplier affiliates: Click here to enter text. |
| Is company publicly traded?  Yes  No  If so, please provide stock symbol: Click here to enter text. |

Does any ERCOT employee, officer, or director (a) have any ownership in, (b) have any position with, or (c) received any money or other benefit from Supplier?  Yes  No  Unknown

Does any ERCOT Market Participant (a) have any ownership in, (b) have any position with, or (c) received any money or other benefit from Supplier?  Yes  No  Unknown

If Yes, identify such Market Participant and its relationship/benefits: Click here to enter text.

The market participant list can be found at <https://www.ercot.com/committees/mktparticipants>

Do you represent, warrant, agree, and certify that your company is not owned by, nor is the majority stock or other ownership interest of the company held or controlled by (a) individuals who are citizens of China, Iran, North Korea, Russia, or other country prohibited under law, or (b) a company or other entity, including a governmental entity, that is owned or controlled by citizens of or is directly controlled by the government of China, Iran, North Korea, Russia, or other country prohibited under law?  Yes  No

Do you represent, warrant, agree, and certify that supplier will not boycott energy companies now or at any point during the term of any agreement with ERCOT?  Yes  No

Do you represent, warrant, agree, and certify that supplier does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association now or at any time during the term of any agreement with ERCOT?  Yes  No

Do you represent, warrant, agree, and certify that supplier will not boycott Israel now or at any time during the term of any agreement with ERCOT?  Yes  No

Do you represent, warrant, agree, and certify that supplier is not identified on a list of prohibited vendors prepared and maintained by the Texas Comptroller as made available on the Texas Comptroller’s internet website?  Yes  No

**Do** **any** individuals or sole proprietors, partners, shareholders, or owners possess an ownership interest of 25 percent or more of the business entity?  Yes  No

Do you represent, warrant, agree, and certify that **no** member, partner, shareholder, or owner of at least 25 percent of your company is more than thirty (30) days delinquent in paying child support?  Yes  No

**By your signature below, you hereby affirm that the attached documents and information provided above are true and correct and you acknowledge and agree that:**

* The supplier may not give or receive any gift or benefit to/from any ERCOT employee, officer, or director if such gift or benefit violates ERCOT’s Conflict of Interest Corporate Standard.
* The supplier will notify ERCOT General Counsel (legalrequest@ercot.com) if any ERCOT employee, officer, director, or Market Participant requests from you any gift or personal benefit for itself, himself, herself, or his or her family.
* If the supplier is a consulting company, the supplier employs all of its individual consultants. (If not, percentage of consultants that are employees: Click here%
* If the supplier is a consulting company, supplier provides individual consultants with employee benefits (401k, pension, health insurance) and pays employer social security

Signature: Title:

Printed Name: Date: