

OGE Energy Corp Supplier Profile



ALL SECTIONS OF THIS PROFILE THAT ARE SHADED LIGHT BLUE ARE REQUIRED TO BE COMPLETED. IF THIS INFORMATION IS MISSING IT MAY DELAY THE PROCESSING OF THIS PROFILE.

Legal Name											Public <input type="radio"/>	Private <input type="radio"/>					
Doing Business As											Year of foundation						
DUNS number	Federal Tax ID Number <i>Provide a copy of the W-9</i>			Company Type			Sole Proprietor <input type="radio"/>	Partnership <input type="radio"/>	Inc <input type="radio"/>	LLC <input type="radio"/>	Not for Profit <input type="radio"/>						
NAICS/SIC Codes											Webpage						
Provide a brief description of what will be provided to OGE	If your company is providing a service a subscription to ISNetworkworld may be required and/or submission of insurance. Click the link to the right to see information regarding OGE's requirements.			OGE Supplier Requirements		Click the link to the right to be directed to the ISNetworkworld website.		www.isnetworkworld.com		Click the link to the right to see the OGE insurance requirements.		OGE Supplier Requirements		Click the link to the right to see OGE's General PPE Requirements		OGE General PPE Requirements	
Enter the last 3 years of TRIR & EMR	Year 1 TRIR ----->	Year 1 EMR ----->	Year 2 TRIR ----->	Year 2 EMR ----->	Year 3 TRIR ----->	Year 3 EMR ----->											
What are the Desired Payment Terms?	<input type="radio"/> OGE Default - 2%,10, Net 45 Days			Net 45 Days <input type="radio"/>			Other (enter) <input type="radio"/>			To see OGE's full Terms & Conditions please click the link to the right.			Purchasing Terms & Conditions				
Debarment/Suspension	I hereby certify that our company and its principals (owners, executives):			<input type="radio"/> Are <input type="radio"/> Are No <input type="radio"/> presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency.						Name, title and date ----->							
Address to Receive Purchase Orders																	
Contact Name	Phone Number			Fax Number			Company E-mail Address										
Entity Name and Address for Accounts Receivable																	
Incoterm(s) used:	according to Incoterms 2000																
Ethics: Click the link to the right to review a letter from OGE's CEO regarding ethics.	OGE Supplier Ethics			Please acknowledge that a representative from your company has reviewed the letter from the OGE CEO and the OGE Code of Ethics			Name of Person Reviewing the Letter & Code of Ethics ----->		Title of Person Reviewing the Letter & Code of Ethics ----->		Date Reviewed ----->						
Warranty	Please state your standard warranty for the materials/services that are being discussed/offered to OGE. ----->																
Small Business or Minority Certification (check all that apply to your business).	No (10) <input type="radio"/>	Yes <input type="radio"/>	Alaska Native Male Owned (07) <input type="checkbox"/>	Alaska Native Female Owned (07) <input type="checkbox"/>	Asia/Pacific Male Owned (07) <input type="checkbox"/>	Asia/Pacific Female Owned (07) <input type="checkbox"/>	Black Male Owned (07) <input type="checkbox"/>	Black Female Owned (07) <input type="checkbox"/>	Historically Black College/University or Minority Institution (03) <input type="checkbox"/>		Hispanic Male Owned (07) <input type="checkbox"/>						
	Hispanic Female Owned (07) <input type="checkbox"/>		Hubzone Small Business (04) <input type="checkbox"/>	Native American Male Owned (07) <input type="checkbox"/>	Native American Female Owned (07) <input type="checkbox"/>	Male Owned Small Business (09) <input type="checkbox"/>	Female Owned Small Business (02) <input type="checkbox"/>	Veteran Owned Small Business (05) <input type="checkbox"/>	Disabled Veteran Owned Small Business (06) <input type="checkbox"/>	Woman Owned Business (not small) (08) <input type="checkbox"/>							
For additional information consult the Supplier Diversity Criteria link to the right.	Criteria for Diverse Suppliers																
Contacts for OGE Energy Corp. (Supplier's Personnel)																	
CEO/President							Vice President of Operations/General Manager										
Vice President of Sales							Quality Manager										
Engineering/Technical Manager							Other (precise)										
Comments																	
Section Below is for OGE Supply Chain Use Only Supply Chain Requesters are to complete all sections below except Purchasing Supplier Number prior to submission to Procurement Inbox.																	
Requested by											Date						
Phone Number							Purchasing Organization (Drop Down Box)			Purchasing Group							
Reason for Request	Change to Existing Information <input type="radio"/>			New Supplier <input type="radio"/>			Supplier Classification (Drop down box)			Company Code Using Supplier (Drop down box)							
	Tax Code of Supplier (Drop down box)									Is Insurance Required?			<input type="radio"/> Yes <input type="radio"/> No				
Agreed to Payment Terms	<input type="radio"/> Default - 2%, 10, Net 45			<input type="radio"/> Net 45 Days			<input type="radio"/> Other (please specify)			Auto Fax Yes <input type="radio"/> No <input type="radio"/>		Auto Fax to: E-mail <input type="radio"/> Fax <input type="radio"/>					
Debarment/Suspension Confirmation	Was the System for Award Management (SAM) Checked? <input type="radio"/> Yes <input type="radio"/> No			Did the supplier certify they are not debarred or suspended from doing business with the Federal Government? <input type="radio"/> Yes <input type="radio"/> No						Date of SAM Check/Cert							
Certification Level	Rejected <input type="radio"/>		RFQ <input type="radio"/>		Transactional/Approved <input type="radio"/>		Preferred <input type="radio"/>		Strategic Alliance <input type="radio"/>								
Contractor Safety Grade	<input type="radio"/> Not Applicable		<input type="radio"/> A		<input type="radio"/> B		<input type="radio"/> C		<input type="radio"/> F		<input type="radio"/> Deviation <input type="radio"/> F - VP Approved						
Date of Entry in SAP				Purchasing Supplier Number													