



VENDOR FORM

Check mark one of the following:	
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Current Vendor-Updating Information

Vendor Name:			
Mailing Address:	Remit to Address:		
City, State, Zip:	City, State, Zip:		

Accounts Receivable E-mail

A completed W9 form must be submitted along with this application: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Tax Reporting Name or Business Name: _____
 Name shown on required federal tax documents (if different than the vendor/payee name).

1099 Tax Reporting: Please indicate if any of the following categories apply to your business.

- Attorney or Legal Firm
 Medical Services by Individuals and/or Partnerships
 Medical Services by Corporations

Business Classification: Please check one.

- Association
 Government Agency
 Partnership
 Sole Proprietorship

 Federal State Local Other Individual
 Corporation
 Limited Liability
 Private

 Company Partnership
 For Profit Non-Profit

Payment Terms: The University's payment terms are net 30 days from the date the invoice is received by the University. The University will make every attempt to process payment within the vendors discount terms, if applicable. Original invoices must be sent to the University's Accounts Payable Department. When applicable, the purchase order or contract ID # must be referenced on the invoice.



VENDOR FORM

Business Type: Select all that apply. You must select at least one.



VENDOR CATEGORIES

Business Name: _____

Please check the most appropriate category which applies to your business.