



**VALDOSTA STATE UNIVERSITY
NEW VENDOR FORM**

RETURN FORM TO	Valdosta State University Attn: Business Services/Accounts Payable 1500 N. Patterson St., Valdosta GA 31698
FAX:	229-333-2159/229-333-7408

This form contains confidential information.
DO NOT EMAIL a completed form.

VENDOR INFORMATION

Section 1	1. Social Security Number Required only for sole proprietorship and DBA's <input type="text"/> - <input type="text"/> - <input type="text"/>		2. Taxpayer Identification Number Federal TIN used to file Federal tax return. <input type="text"/>	
	3. Business Name If operating as a DBA, enter the DBA name. _____		4. Business Phone _____	5. Business Fax _____
	6. Contact Name/Title _____		7. Contact Phone _____	
	8. Contact Email _____			
	9. Remit Address _____		10. City _____	11. State _____
13. Ordering Address _____		14. City _____	15. State _____	16. Zip _____

VENDOR PROFILE AND TAX ACKNOWLEDGEMENT (Required of all vendors)

Section 2	17. What does your business provide? (Check all that apply)	18. Individual/Business Type		Exempt Payee <input type="checkbox"/>
	<input type="checkbox"/> Services <input type="checkbox"/> Goods	<input type="checkbox"/> U.S. Individual/Sole Proprietor (Enter owner's name) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Limited Liability Company. <i>Indicate classification</i> (D=disregarded entity, C=Corporation, P=Partnership) _____ <input type="checkbox"/> Corporation _____ <input type="checkbox"/> Foreign Individual and/or Vendor <i>(AP/Business Services contact Financial Services for additional paperwork)</i>		

BUSINESS/INDIVIDUAL INFORMATION (Required of all vendors)

Section 3	19. Is the company owned by or is the Individual an American Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Is the company classified as a small business? Defined as an independently owned and operated entity that has fewer than 100 employees or less than \$1,000,000 in gross receipts per year. <input type="checkbox"/> Yes <input type="checkbox"/> No
	20. Is the company classified as a minority-owned business by the following definition: Defined as a business that is 51% owned or controlled by one or more minority persons. Please indicate below how much of your firm is owned or controlled by one or more of the groups listed. African American _____ Asian American _____ Hispanic/Latino _____ Pacific Islander _____ Native American _____	22. If you answered yes to question 21, check the following reasons that apply: <input type="checkbox"/> Less than 100 employees <input type="checkbox"/> Less than \$1,000,000 in gross annual receipts

VENDOR APPROVAL

Section 4	23. Authorized Signature _____	24. Printed Name _____	25. Date _____
------------------	--------------------------------	------------------------	----------------

DIRECT DEPOSIT AUTHORIZATION **University Vendors are encouraged to receive payments by direct deposit**

Section 5	26. Financial Institution Name _____	27. Phone Number _____	28. Name on Account _____		
	29. Address _____		30. City _____	31. State _____	32. Zip _____
	33. Routing Transit Number (see instructions) _____		34. Customer Account Number (see instructions) _____		35. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	DIRECT DEPOSIT AGREEMENT				
	I authorize Valdosta State University to deposit by electronic transfer payments owed to me by the university and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The university shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. This authorization will remain in effect until canceled in writing. I must initiate and complete a new authorization form if I change my account, close my account, or change financial institutions.				
36. Authorized Signature _____		37. Printed Name _____		38. Date _____	



VALDOSTA STATE UNIVERSITY
NEW VENDOR FORM - INSTRUCTIONS

SECTION 1 - VENDOR INFORMATION

Box 1: Social Security Number (SSN)

The primary owner(s) SSN is required if the vendor is a :

- 1) Sole proprietorship
- 2) Sole business operating under a DBA; or
- 3) Limited liability corporation (LLC) formed as a sole proprietorship

Box 2: Taxpayer Identification Number (Federal TIN)

Enter the Federal ID used on the federal tax return for the business. (The Federal TIN is also required for businesses operating under a DBA.)

Box 3: Business Name

Enter the full legal name of the business as shown on the business license. (If the business is operating under a DBA, enter the DBA name also.)

Box 4: Business Phone Number

Enter the primary phone number for the business.

Box 5: Business Fax

Enter the fax number for the business.

Box 6: Contact Name

Enter the name of the primary contact person for the business.

Box 7: Contact Title

Enter the title of the primary contact person for the business.

Boxes 9 through 16: Address, City, State, Zip

Enter the physical location of the business followed by the ordering address. If you prefer communication to be sent to a P.O. box, you may enter that information. A physical location of the business is required.

SECTION 2 - VENDOR PROFILE AND TAX ACKNOWLEDGEMENT (REQUIRED FOR ALL VENDORS)

Box 17: What does your business provide?

Indicate whether your business provides services, supplies or both. Check both boxes if your business provides services and supplies.

Example of Services: Personal services, such as installation, maintenance/repair, consulting, legal services, financial services, training or other on-site work.

Example of Supplies: Sale of inventory items, computers, equipment, furniture, uniforms, chemicals, etc.

Example of Services and Supplies: Selling and installing equipment or providing any combination of services and supplies described above.

Box 18 - Individual/Business Type

Indicate if you're an individual or your business type. If your business is a sole proprietorship, list the owner's name. If you are a foreign individual or business, additional information such as Visa Type or form 8233 may be required. A representative of the university will let you know.

NEW VENDOR FORM - INSTRUCTIONS

SECTION 3 - BUSINESS/INDIVIDUAL INFORMATION

Section 3 - This section should be completed by individuals classified as a sole proprietor as well as those who do not own a business but expect to receive payment for themselves.

Box 19: Is the company owned by or is the individual an American citizen?

Indicate yes or no.

Box 20: Is the company classified as a minority-owned business?

To be classified as a minority-owned, a business must be at least 51 percent owned or controlled by one or more minority persons. Indicate the percentage of the business that is owned or controlled by each minority group.

Box 21: Is the company classified as a small business?

To be classified as a small business, a business must be an independently owned and operated entity that has fewer than 100 employees or less than one million dollars (\$1,000,000) in gross receipts per year. Indicate yes or no.

Box 22: If you answered yes to question 21, check the following reasons that apply.

If you answered yes to Box 21, indicate whether your business has fewer than 100 employees, less than one million (\$1,000,000) in gross receipts per year, or both if applicable.

SECTION 4 - VENDOR APPROVAL

Boxes 23 through 25: Authorized Signature, Printed Name and Date

This section is certifying that the information in boxes 1 thru 22 are accurate

SECTION 5 - DIRECT DEPOSIT AUTHORIZATION

Box 26 and 27: Financial institution name and phone number

Enter the name and phone number of the financial institution that holds the account in which payments made to you by the university will be deposited.

Box 28: Name on Account

Enter the name on the account in which payments made to you by the university will be deposited. This should be the exact account name as displayed on the checks or bank statements for the account.

Boxes 29 through 32: Address, City, State, Zip

Enter the branch address of the financial institution that holds the account in which funds will be deposited. If this is a checking account, enter the bank's address as displayed on your check. If this is not a checking account, enter the bank address displayed on your bank statement for the account.

Boxes 33 and 34: Routing Transit Number and Account Number

Routing Transit Number: For both business and personal checking or savings accounts, the routing number is always a nine-digit number listed on the bottom of the check. Refer to the check samples shown below. For further help, contact your bank for the routing number.

Customer Account Number: This set of numbers is separated from the routing number by a unique character. This number should match your bank statement. If the dash character (D) is scheduled in the account number on the check, write a dash character when entering the account number on the New Vendor Form. Refer to the check samples below.

If desired, you may **attach a VOIDED check to your New Vendor Form**, and we will verify the information that you have entered in Section 3 by comparing your entries to the check.

IMPORTANT: Use a permanent marker or pen to write "VOID" in large letters across the check. Do not write over the account holder name, bank address, or routing and account numbers.

Box 35: Type of Account

Indicate whether the direct deposit account is a savings or checking account. If you are uncertain of the account type, contact your bank. If this is not indicated, the direct deposit will not be successful.

NEW VENDOR FORM - INSTRUCTIONS

Sample Business Check

AAA Business Venture 123 Grand Avenue, Ste. 6 Valdosta, GA 31698-0167	Bank of the People Valdosta Branch 1300 Main Street Valdosta, GA 31698-0167 12-34/56748	30016 DATE: _____
PAY TO THE ORDER OF _____	_____ S	
MEMO _____	_____	
C30016c a0123456789a 141d3321988c		
Check Routing Number Account Number with dash		

Sample Personal Check

Jane Doe 123 Grand Avenue, Ste. 6 Valdosta, GA 31698-0167	Bank of the People Valdosta Branch 1300 Main Street Valdosta, GA 31698-0167 12-34/56748	30016 DATE: _____
PAY TO THE ORDER OF _____	_____ S	
MEMO _____	_____	
a0123456789a 3016d14133d21988c		
Routing Check Account Number with dash		

Boxes 36 through 38: Authorized Signature, Printed Name and Date

Read the Direct Deposit Agreement. If you agree with the terms and conditions set forth, a person designated as an authorized signer for your bank transactions should place his/her signature in Box 33, print his/her name in Box 34, and write the current date in Box 35.

FAX OR MAIL COMPLETED FORM TO:

Valdosta State University, Business Services - FAX: 229-333-2159. Accounts Payable FAX: 229-333-7408.
Or Mail to 1500 North Patterson St., Valdosta, GA 31698 (DO NOT EMAIL completed form)

QUESTIONS:

Business Services - 229-333-5705 or Accounts Payable 229-333-5708