

# UNIVERSITY OF NORTHERN IOWA SUPPLIER INFORMATION FORM

**INSTRUCTIONS:** Please provide all information (typed or clearly printed) as requested in the spaces provided. The IRS requires that you provide information which will allow us to complete 1099 reporting. Your payments may be subject to **backup withholding** if you fail to provide a correct Taxpayer Identification Number and tax reporting address.

**Individual/Sole Proprietor Name:** \_\_\_\_\_  
(MUST provide SSN below) First Middle Last

Are you an International person providing services in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Visa type \_\_\_\_\_  
and contact Office of Business Operations to provide international documentation: payables@uni.edu or (319)273-2162

**Company or Business Name:** \_\_\_\_\_  
dba if applicable: \_\_\_\_\_

**Federal ID # (FEIN):** \_\_\_\_\_ **SSN or TIN:** \_\_\_\_\_  
format: xx-xxxxxxx format: xxx-xx-xxxx

(Sole proprietors and individuals **MUST** provide SSN/TIN)

Remit to Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Order Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Remit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ A/R Fax: \_\_\_\_\_

**Type of Organization:** (check all that apply)

Corporation Date of Inc: \_\_\_\_\_ Which State: \_\_\_\_\_  Partnership  Sole Proprietor  Non-profit  
 LLC All LLC's: Enter tax classification D = disregarded entity, C = Corp, or P = Partnership \_\_\_\_\_  
 Other \_\_\_\_\_

**Payment Terms:** \_\_\_\_\_  
(UNI standard is net 30 for businesses, immediate for individuals/sole proprietors)

## W9 Certification of Supplier Information

## REQUIRED OF ALL SUPPLIERS

The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further, I affirm that this company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability. I also affirm that the undersigned company is not currently debarred from bidding by any State of Iowa or Federal agency and has not been convicted of any violations of the Federal Anti-Kickback Act.

**W9 Certification:** Under penalty of perjury, I certify that the taxpayer ID number shown on this form is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a US citizen or US person. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. For IRS W9 instructions, see www.irs.gov.

**Authorized Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DIRECT DEPOSIT (ACH) AUTHORIZATION

Complete this section **ONLY** if you want electronic payments.

**AGREEMENT:** I hereby authorize and request the Univ of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

a) written authorization to the University, or b) my death or legal incapacity, or c) the financial institution, or d) the University.

**PLEASE READ CAREFULLY. PRINT CLEARLY OR TYPE.**

Name of your Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

## Bank Routing Number

This is the 9-digit number that identifies your bank. It is located in the bottom left corner of your checks before the colon (:).

## Your Account Number

This number will be everything after the colon (:) minus your check number.

Checking  Savings If you are unsure of the correct Routing and Account number, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**ACH E-MAIL REQUIRED:** \_\_\_\_\_

Explanation of payments will be sent to this e-mail.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED BY PAYEE OR REPRESENTATIVE.** Signature signifies acceptance of Agreement above.

**PLEASE RETURN COMPLETED FORM WITH A VOIDED CHECK TO ADDRESS AT BOTTOM OF FORM.**

Type of Operation (Choose all that apply) (Definitions of all categories is supplied at www.uni.edu/obo under the Purchasing tab.)

- Federal Small Business as defined by Federal law.
- Iowa Small Business
- Certified Targeted Small Business in Iowa.
- Women Owned Business
- Disabled Owned

- Veteran Owned
- Minority or Disadvantaged Owned
  - African American
  - Asian American
  - Hispanic American
- Native American
- Veteran
- Disabled

**Conflict of Interest (REQUIRED OF ALL SUPPLIERS)**

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situations and relationships between employees and suppliers. The Univ of Northern Iowa has established procedures in accordance with the Board of Regents and Iowa Code policies on conflict of interest. Please see [www.vpaf.uni.edu/obo/purchasing/index.shtml](http://www.vpaf.uni.edu/obo/purchasing/index.shtml) for the full policy.

Do YOU or any Officer, Director, Owner, or Partner in this company have a relationship with UNI, ISU, or U of IA or any other Iowa Regent Institution? \*\*

- The types of relationships include:
- 1. A spouse/partner or minor child is employed by a Regent Institution  Yes  No
  - 2. A financial relationship with a Regent Institution employee  Yes  No
  - 3. A personal relationship with a Regent Institution employee  Yes  No

If YES to any, state the NAME and your/your company's RELATIONSHIP to the individual: \_\_\_\_\_

Do YOU or any Officer, Director, Owner, or Partner in this company hold a position at any State of Iowa Regent Institution or any state of Iowa government agency or department?  Yes  No

If YES, please state the NAME and RELATIONSHIP to individual: \_\_\_\_\_

**\*\*State of Iowa Regent institutions include: Univ of Iowa, Iowa State Univ, Univ of Northern Iowa, The Iowa School for the Deaf, the Iowa Braille and Sight Saving School, and the State Board of Regents. For list of IA government agencies & depts, go to: [www.iowa.gov/state/main/govagencies.html](http://www.iowa.gov/state/main/govagencies.html)**

**Type of Business:** (Choose all that apply)

- Construction Concern
- Tax Exempt Other
- Entertainment
- Dealer with Inventory Stock
- Professionally Licensed
- Dealer without Inventory Stock
- Service Establishment
- Other \_\_\_\_\_
- Distributor
- Manufacturer or Producer

**Services you provide:** \_\_\_\_\_

**Mark all that Apply:**

- |  |  |   |   |
|--|--|---|---|
| <p><b>Construction</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carpentry</li> <li><input type="checkbox"/> Concrete Work</li> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Electrical</li> <li><input type="checkbox"/> Environmental</li> <li><input type="checkbox"/> General Contractor</li> <li><input type="checkbox"/> Masonry</li> <li><input type="checkbox"/> Roofing</li> </ul> | <p><b>Automotive/Trucks</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Equipment</li> <li><input type="checkbox"/> Mass Transit/Buses</li> <li><input type="checkbox"/> Parts Supplies</li> <li><input type="checkbox"/> Rentals</li> <li><input type="checkbox"/> Repair Service</li> <li><input type="checkbox"/> Tractors/Lawn Equip.</li> <li><input type="checkbox"/> Trailers</li> <li><input type="checkbox"/> Vehicles</li> </ul> | <p><b>Communication/Telecom.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Television Equipment</li> <li><input type="checkbox"/> Cellular Products/Svcs.</li> <li><input type="checkbox"/> Phone System Service</li> <li><input type="checkbox"/> Phone Parts/Supplies</li> <li><input type="checkbox"/> Radio System Supplies</li> <li><input type="checkbox"/> Sound Equipment</li> <li><input type="checkbox"/> Sound Equipment</li> </ul>    | <p><b>Computers</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mainframe Equipment</li> <li><input type="checkbox"/> Computers</li> <li><input type="checkbox"/> Parts/Supplies</li> <li><input type="checkbox"/> Programming &amp; Analysis</li> <li><input type="checkbox"/> Repair Service</li> <li><input type="checkbox"/> Software</li> </ul>  |
| <p><b>Construction Materials</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Building Materials</li> <li><input type="checkbox"/> Concrete</li> <li><input type="checkbox"/> Electrical Supplies</li> <li><input type="checkbox"/> Equipment &amp; Rentals</li> <li><input type="checkbox"/> Lumber</li> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Roofing</li> </ul>                          | <p><b>Office Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copiers/Supplies</li> <li><input type="checkbox"/> Office Supplies</li> <li><input type="checkbox"/> Paper/Printing Supplies</li> <li><input type="checkbox"/> Printers/Scanners</li> <li><input type="checkbox"/> Temporary Personnel</li> </ul>  | <p><b>Professional</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Architecture</li> <li><input type="checkbox"/> Web Design</li> <li><input type="checkbox"/> Publications</li> <li><input type="checkbox"/> Printing/Engraving</li> <li><input type="checkbox"/> Graphic Design/Art</li> <li><input type="checkbox"/> Engineering</li> <li><input type="checkbox"/> Consulting</li> <li><input type="checkbox"/> Marketing/Advertising</li> </ul> | <p><b>Furniture &amp; Fixtures</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Auditorium/Stadium Seating</li> <li><input type="checkbox"/> Lab Furniture</li> <li><input type="checkbox"/> Dormitory Furniture</li> <li><input type="checkbox"/> Floor Coverings</li> <li><input type="checkbox"/> Installation Service</li> <li><input type="checkbox"/> Library Furniture</li> <li><input type="checkbox"/> Office Furniture</li> <li><input type="checkbox"/> Window Coverings</li> </ul> |
| <p><b>Contractors/Supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Heating/A.C.</li> <li><input type="checkbox"/> Boilers-Repair/Maint.</li> <li><input type="checkbox"/> Elevators-Repair/Maint</li> </ul>   | <p><b>Scientific</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Analytic Svcs./Equipment</li> <li><input type="checkbox"/> Animals</li> <li><input type="checkbox"/> Chemicals</li> <li><input type="checkbox"/> Drugs/Pharmaceuticals</li> <li><input type="checkbox"/> Equipment/Supplies</li> </ul>  | <p><b>Miscellaneous &amp; Other Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaning Equip./Supplies</li> <li><input type="checkbox"/> Food Products/Services</li> <li><input type="checkbox"/> Hauling Disposal</li> <li><input type="checkbox"/> Water Treatment</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Travel Services</li> <li><input type="checkbox"/> Theatrical</li> <li><input type="checkbox"/> Repair/Maint. Service</li> <li><input type="checkbox"/> Refrigeration Equipment</li> <li><input type="checkbox"/> Laundry Equip./Supplies</li> </ul>   |

- Athletic**
- Awards & Trophies
  - Clothing/Uniforms
  - Supplies
  - Training Equipment

**Other Products/Services (Please specify)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECT COMPLETED FORMS OR QUESTIONS TO:**

Office of Business Operations Phone: (319)273-2162  
 Supplier Entry Team E-mail: [payables@uni.edu](mailto:payables@uni.edu)  
 103 Gilchrist Hall Fax: (319)273-3009  
 Cedar Falls, IA 50614-0008