

Supplier Application Form

(Used for all payees of the University)

Contact Information

<p>* _____ Company Name (as shown on income tax return) *Supplier Type (check one)</p> <p><input type="checkbox"/> Large Business Concern <input type="checkbox"/> HBCU/MI <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> 1099 Supplier <input type="checkbox"/> Student or Study Participant</p>	<p>* _____ Tax ID or Employer Identification number *Business Type (check only one)</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Retailer <input type="checkbox"/> Distributor <input type="checkbox"/> Broker <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (please specify) _____</p>
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Self - Certifications

Check all that apply (Please attach copy of certification)

☐ Small Business Enterprise (SBE) - an independently owned and operated concern certified by SBA.
☐ Disadvantaged Business Enterprise (DBE) - at least 51% owned by economically disadvantaged individuals.
☐ Disabled Veteran Business Enterprise (DVBE) - at least 51% Veteran owned.
☐ Women-Owned Business Enterprise - (WBE) at least 51% owned by a woman who also operate it.
☐ Minority-Owned Business (MBE) - at least 51% owned and controlled by minority group members.
☐ HUB Zone - business is located in historically underutilized business zones
☐ Other (please specify) _____

Business Addresses & Payment Information

*Address Line 1: _____	* Telephone Number: () _____
Address Line 2: _____	*Fax Number: () _____
*City: _____	*State: _____ Postal Code: _____ - _____
Country: _____	Email Address: _____
Web Address: _____	DUNS #: _____

Remittance Address (if different than order address)

Address Line 1: _____	Telephone Number: () _____
Address Line 2: _____	Fax Number: () _____
City: _____	State: _____ Postal Code: _____ - _____
Country: _____	
Do you accept Credit card Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	Ecommerce? /PeopleSoft? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contacts

*University Contact Name: _____ *Email Address: _____ * Telephone Number: () _____
 *Department: _____ *University Contact Signature _____

Binding Language

I certify that my answers are true and that the business category indicated above reflect the true and correct status of the business in accordance with the Federal Small Business Administration criteria and Federal Acquisitions Regulations, FAR 19, pertaining to small disadvantaged, women, disabled veteran, small and disadvantaged, and small and woman owned business enterprise. I understand that falsely certifying the status of this business may result in suspension of vendor participation at Case Western Reserve University for a period of five (5) years.

Per the IRS, the supplier must submit a W9 form for domestic suppliers and a W8 for international suppliers to the University. Case Accounts Payable must receive both the executed Supplier Form and the W9/W8 prior to payment being executed for the supplier.

*Print Name _____	*Signature _____	*Date _____
*Telephone Number: () _____	Fax Number: () _____	Email Address: _____

PROCESSING INFORMATION – OFFICE USE ONLY

☐ Tax ID ☐ W-9 or W-8 ☐ Certification

Date Received

Name

Vendor ID Number

All fields marked * are mandatory on the Supplier Form. Incomplete submission cannot be processed and will be returned for completion. Supplier Form and W8 or W9 must be completed and signed by a designated company representative.