

Vendor Application – Businesses International or Institutional only

(Revised 12-2021)

| □New Vendor | ☐ Update Vendor | · Info |
|-------------|-----------------|--------|
| | | |

| UNIVERSITY USE ONLY | |
|---------------------|--|
| Vendor #: | |
| Entered by: | |

This application is for Businesses Only, including corporations, partnerships, LLCs, etc. These are entities that have a Federal Employer Identification Number (FEIN), rather than use of a SSN. This form must be submitted along with a **completed IRS W-9/W-8**. IRS documents can be found at: https://procurement.wayne.edu/irs-tax-forms. If a completed W-9/W8 is not received with this application, your your application will not be accepted. Applications are taken by eMail Only. As an alternative, you may invite **Domestic (U.S. Based)** vendors to self-register via our https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=WayneState

| Note to digitally sign this document it must be | saved to your device, and opened using Adobe. Otherwise, the | | |
|--|---|--|--|
| signature feature will not work properly. | saved to your device, and opened using Adobe. Otherwise, the | | |
| Email completed applications to: | Wayne State University – Procurement | | |
| purchasingdocs@wayne.edu | 5700 Cass Avenue, Suite 4200 | | |
| production grand and an arrangement | Detroit, MI USA 48202 Phone Number: (313) 577-3734 | | |
| | | | |
| Vendor's Representative | Date: | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| * I Certify that I have carefully examined this Application and I have deter | rmined that to the best of my knowledge and belief, the | | |
| Information provided is complete and accurate | | | |
| | | | |
| | | | |
| Legal name of company or business: | | | |
| · · · · · · · · · · · · · · · · · · · | If you are a Sole Proprietor of a business the name of the owner of the | | |
| business is required.) | allows to DDA: | | |
| Company "commonly known as" Name, it different from a | above, i.e. DBA : | | |
| Corporate Sales / Mailing Address: | Accounts Receivable / Remit To Address: | | |
| Line 1: | ☐ Same as mailing address, or | | |
| Line 2: | Line 1: | | |
| Line 3: | Line 2: | | |
| City:State: | Line 3: | | |
| ZipCountry | Line 3: State: | | |
| Phone: | ZipCountry | | |
| | Phone: | | |
| Contact Name: | | | |
| E-Mail Address: | Contact Name: | | |
| | E-Mail Address: | | |
| | | | |
| Purchase Order Delivery Method E-Mail | Required: | | |
| Purchase Order Delivery Method E-Iviali | Required. | | |
| | | | |
| | | | |
| Name of Person or Department at Wayne State with who | om you anticipate doing business, if approved: | | |
| Contact Name: | Phone: | | |
| | | | |
| Department : | _ E-Mail: | | |

| Primary Commodities or Services Offered: | | | | | | |
|--|---|--|--|--|--|--|
| NAICS Code (s) if known: | | DUNS Number if known: | DUNS Number if known: | | | |
| (-, y | | · | | | | |
| | | | | | | |
| Business Details: (optional – used for classification as a Small Business) Date Established: | | | | | | |
| Number of Employees: | | | | | | |
| Revenue for Last 3 Years Last Year | | | | | | |
| | 2 Years Back | | | | | |
| | 3 Years Back | | | | | |
| Note to Vendors: You must provide a valid Federal Employer Identification Number (FEIN) in order for the University to process payment(s). The University is required by Federal law where applicable to report payments, along with the FEIN to Federal and State agencies. Failure to provide a correct name and Taxpayer Identification Number may subject your payments to a 28% federal income tax withholding. Additional withholding may apply for foreign entities. Payment Terms are Net 30, unless otherwise stated and agreed to by the University. Enter your Federal Employer Identification Number (FEIN): | | | | | | |
| Note: If you do business under your SSN, use the individuals form available on our website. | | | | | | |
| Check appropriate box for federal tax classification (select only one) Vendor Type: | | | | | | |
| S- Corp (VS or VR) LLC- S-Corp (1099) (VY) LLC- P-Partnership (1099) (VZ) Non-US Based Entity 1042 (VE) Foreign Individual 1042 (VF) | | | | | | |
| classification of the single-me | <u> </u> | | | | | |
| Diversity Type : (select only one): Diverse businesses must be at least 51% owned and controlled by one or more individuals who are represented in the categories selected. Include a copy of your certificate(s) with this Application. | | | | | | |
| ☐ Majority (non Diverse - 51) | ☐ Minority (African American - 55) | ☐ Historically Black Colls & Univ - 5C | ☐ Women Owned - 53 | | | |
| , | ☐ Minority (Hispanic - 56) | ☐ Small Business - 5 S | ☐ Women Owned – Small Business - 5W | | | |
| □ Veteran - 5V | ☐ Minority (Alaskan / Native Am - 57) | ☐ Small Disadv Business - 52 | | | | |
| ☐ Veteran Small Business 5B | 58 | ☐ HUB Zone Small Business - 5H | ☐ LGBT Owned – 5G | | | |
| ☐ Veteran Service Disable - 5D | ed | ☐ 8(a) Bus Dev Program – 5A | ☐ Disabled/Handicapped - 54 | | | |
| | | | | | | |
| Conflict of Interest: | | | | | | |
| ☐ Yes ☐ No | Are you or any Officer, Owner or Partner in this company an employee of Wayne State University, or have you been an employee within the past 24 months? | | | | | |
| ☐ Yes ☐ No | Are any immediate family members of any Officer, Owner or Partner in this company employees of Wayne State University? | | | | | |
| If yes to either above, please state who and explain and their University position or the family relationship (father, mother, sister, brother, child, etc.): | | | | | | |