

	Vendor Application – International Individuals Only (Revised 3-2022) <input type="checkbox"/> New Vendor <input type="checkbox"/> Update Vendor Info	UNIVERSITY USE ONLY Vendor #: _____ Entered by: _____
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This application is for Individuals doing business under their SSN only. Business using a Federal Employer Identification Number (FEIN), must use the [Vendor Application – Businesses](#). 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 application will not be accepted. Applications are taken by eMail Only.

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.

Email completed applications to: purchasingdocs@wayne.edu	Wayne State University – Procurement 5700 Cass Avenue, Suite 4200 Detroit, MI USA 48202 Phone Number: (313) 577-3734
Submitter's Signature: _____	Date: _____
* I Certify that I have carefully examined this Application and I have determined that to the best of my knowledge and belief, the Information provided is complete and accurate	
Legal name: (Name that is used on your Federal Tax Return) _____ "commonly known as" Name, if different from above, i.e. DBA: _____ Former Name (s): _____	
Mailing Address: Line 1: _____ Line 2: _____ City: _____ State: _____ Zip _____ Country _____	Phone: _____ E-Mail Address: _____ Date of birth ____/____/____
Are you a Current Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Current or Former Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Former Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Approx employment end date (mm/yyyy) _____

You must provide a valid Social Security Number (SSN) in order for the University to process payment(s). The University is required by Federal law where applicable to report payments, along with the SSN 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 individuals. Payment Terms are Net 30 , unless otherwise stated and agreed to by the University.	Enter your Social Security Number ____ - ____ - ____
Name of Person or Department at Wayne State with whom you anticipate doing business, if approved: _____	
Contact Name: _____ Department : _____	Phone: _____ E-Mail: _____

Conflict of Interest:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you an employee of Wayne State University, or have you been an employee within the past 24 months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any of your family members 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.):
