



Vendor Application

(Revised 10-2016)

New Vendor Update Vendor Info

UNIVERSITY USE ONLY

Vendor #: _____

Entered by: _____

This application must be submitted with a **completed IRS W-9/W-8** form from the vendor/individual. IRS documents can be found at: http://procurement.wayne.edu/irs_tax_forms.php. If a completed W-9/W8 is not received, you and/or your company will not be added to the University database. eMail or fax back completed applications to:

Email: purchasingdocs@wayne.edu

Fax Number: (313) 577-3747

Wayne State University – Procurement

5700 Cass Avenue, Suite 4200

Detroit, MI USA 48202 | Phone Number: (313) 577-3734

Signature: _____

Date: _____

Printed Name: _____

Title: _____

* 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 of company or business: _____
(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business the name of the owner of the business is required.)

Company "commonly known as" Name, if different from above, i.e. **DBA:** _____

Corporate Sales / Mailing Address:

Line 1: _____

Line 2: _____

Line 3: _____

City: _____

State: _____ Zip _____

Country _____

Phone: _____

Fax: _____

Contact Name: _____

E-Mail Address: _____

Accounts Receivable / Remit To Address:

Line 1: _____

Line 2: _____

Line 3: _____

City: _____

State: _____ Zip _____

Country _____

Phone: _____

Fax: _____

Contact Name: _____

E-Mail Address: _____

Digital Purchase Order Delivery Method

Fax : _____

Email : _____

Optional for Individuals: If completing application as an Individual, provide birth date, and maiden name if applicable. This will help us prevent duplicate records

Date of birth ____/____/____
(MM-DD-YYYY)

Maiden Name: _____

Current or Former Student Yes No

Current or Former Employee Yes No

Name of Person or Department with whom you anticipate doing business once approved: _____

Contact Name: _____

Phone: _____

Department : _____

Fax: _____

Commodities/Services Offered:	
NAICS Code (s):	DUNS Number:

Business Details (other than individuals)

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 Social Security Number (SSN) or 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 SSN/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 TIN in the appropriate box. For Individual/Sole Proprietor, this is a social security number (SSN). For other entities, this is your employer identification number (EIN).

Social Security Number
____ - ____ - _____

Employer Identification Number
____ - _____

Check appropriate box for federal tax classification

- Vendor Type:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Individual/sole proprietor or single-member LLC (vi) | <input type="checkbox"/> Partnership (1099) (vp) | <input type="checkbox"/> Other (1099) (vo) |
| <input type="checkbox"/> C- Corp (VC or VD) | <input type="checkbox"/> Trust/Estate (1099) (vt) | |
| <input type="checkbox"/> S- Corp (vs or vr) | <input type="checkbox"/> LLC- C-Corp (1099) (vx) | |
| | <input type="checkbox"/> LLC- S-Corp (1099) (vy) | <input type="checkbox"/> Non-US Based Entity 1042 (ve) |
| | <input type="checkbox"/> LLC- P-Partnership (1099) (vz) | <input type="checkbox"/> Foreign Individual 1042 (vf) |

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner

Diversity Type: (Please check all that apply):

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.

<input type="checkbox"/> Majority (non Diverse - 51)	<input type="checkbox"/> Minority (African American - 55)	<input type="checkbox"/> Historically Black Colls & Univ - 5C	<input type="checkbox"/> Women Owned - 53
	<input type="checkbox"/> Minority (Hispanic - 56)	<input type="checkbox"/> Small Business - 5 S	<input type="checkbox"/> Women Owned – Small Business - 5W
<input type="checkbox"/> Veteran - 5V	<input type="checkbox"/> Minority (Alaskan / Native Am - 57)	<input type="checkbox"/> Small Disadv Business - 52	
<input type="checkbox"/> Veteran Small Business - 5B	<input type="checkbox"/> Minority (Asian Indian - 58)	<input type="checkbox"/> HUB Zone Small Business - 5H	<input type="checkbox"/> Disabled/Handicapped - 54
<input type="checkbox"/> Veteran Service Disabled - 5D	<input type="checkbox"/> Minority (Asian Pacific - 59)	<input type="checkbox"/> 8(a) Bus Dev Program – 5A	

Conflict of Interest:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you or any Officer, Owner or Partner in this company an employee of Wayne State University? Are any family members employees of Wayne State University? If yes, please state who:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Wayne State University

Vendor ACH Payment Agreement Form

Initial Enrollment Modify/Update

Vendor Name:

Federal ID Number:

WSU Vendor Number:

(This number can be located on your payment remittance stub)

Declaration:

I (we) hereby authorize **Wayne State University** (hereafter WSU) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **WSU** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **WSU** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify WSU immediately of any changes made to my checking account.

This agreement will remain in effect until **WSU** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **WSU** will need 72 hours to comply with the request and interim deposits may occur.

Vendor Information:

Primary Phone Number:

Primary Fax Number:

Primary Email Address:

Vendor Banking Information:

Name of Financial Institution:

Branch / State:

Routing Number:

Checking Account Number:

Vendor Authorization:

Name:

Title:

Authorized Signature: _____ Date: _____

Please attached a VOIDED check or deposit slip to verify bank details and routing number.

This form must be returned to:

WSU - Disbursements - Suite 4100 AAB
5700 Cass Ave Detroit MI 48202
Or e-mail to vendorach@wayne.edu