



# Vendor Information Form

New Vendor     Update Vendor Info

**UNIVERSITY USE ONLY**

Banner Vendor #: \_\_\_\_\_

This form must be submitted with a **completed IRS W-9/W-8** form from the vendor/individual. If a completed W-9/W8 is not received, you and/or your company will not be added to the University database. Mail or fax back completed forms to:

Wayne State University – Procurement  
5700 Cass Avenue, Suite 4200  
Detroit, MI USA 48202

Phone Number: (313) 577-3734  
Fax Number: (313) 577-3747  
Email: purchasingdocs@wayne.edu

**Payment Terms are Net 30, unless otherwise stated and agreed to by the University.**

Signature: _____	Date: _____
Printed Name: _____	Title: _____
* I Certify that I have carefully examined this form 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: \_\_\_\_\_

**Purchase Orders Mailing Address:**

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Payment/Remit Address:**

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department : \_\_\_\_\_

Fax: \_\_\_\_\_

Commodities/Services Offered:

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

\_\_\_\_ - \_\_\_\_\_

- Vendor Type:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Corporation/Inc (VC)       | <input type="checkbox"/> Partnership (VP)             | <input type="checkbox"/> Individual (VI)                 |
| <input type="checkbox"/> Limited Liability Co. (VL) | <input type="checkbox"/> Small Business (US SBA) (VB) | <input checked="" type="checkbox"/> Sole Proprietor (VS) |
|   |   | <input type="checkbox"/> Non-Profit(Attach Letter) (VN)  |

**Vendor Ownership Type: Please check all that apply**

Minority, Female, Person with Disability Owned Business (This business must be at least 51% owned and controlled by one or more individuals who are minority, female, or a person with disabilities).

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Majority (51)                    |  |  |  |
| <input type="checkbox"/> Minority (African American) (55) | <input type="checkbox"/> Minority (Hispanic) (56)      | <input type="checkbox"/> Minority (Alaskan / Native Am) (57) | <input type="checkbox"/> Women Owned (53)                  |
| <input type="checkbox"/> Minority (Asian Indian) (58)     | <input type="checkbox"/> Minority (Asian Pacific) (59) |  | <input type="checkbox"/> Women Owned – Small Business (5W) |
|   |  | <input type="checkbox"/> Disabled/Handicapped (54)           | <input type="checkbox"/> Veteran Service Disabled (5D)     |
| <input type="checkbox"/> Small Business (5 S)             | <input type="checkbox"/> HUB Zone Small Business (5H)  | <input type="checkbox"/> Veteran (5V)                        | <input type="checkbox"/> Veteran Small Business (5B)       |

**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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any family members employees of Wayne State University? If yes, please state who: _____

**Note to Vendors:**

The performance of vendors on the approved vendor list is routinely monitored. If a vendor is found to be in violation of University policy in regards to its business relationship with the University, or, is unable to maintain the required level of service, the vendor will be removed from the approved list. Reinstatement is subject to successful application and re-evaluation.

You must provide a valid Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in order for the University to process your payment(s). The University is required by Federal law where applicable to report such payments along with the SSN/FEIN to Federal and State agencies where required by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to a 28% federal income tax withholding.

**Links to IRS W-8 and W-9 documents:**

<http://www.irs.gov/pub/irs-pdf/fw9.pdf> <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

UNIVERSITY USE ONLY	
Entered by:	Date:



# Wayne State University ACH Payment Agreement Form

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

Vendor Name:

Vendor Number:

### 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 Contact Information:

Primary Fax Number:

Primary Email Address:

Primary Phone Number:

### Banking Information:

Name of Financial Institution:

Branch / State:

Routing Number:

Checking Account Number:

Federal ID Number:

### 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](mailto:vendorach@wayne.edu)**

