

Michigan State University Supplier Information Form

Purchasing Department
Telephone: (517) 355-0357
Fax: 517-353-2024

Substitute W-9
Web Form
NEW / UPDATE
(Circle One)

102 Angell Bldg
East Lansing, MI 48824-1234
MSU F.E.I.N. 38-6005984

Provide your Federal Employer Identification Number

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If no FEIN is involved provide your Social Security Number

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Please check all appropriate options:

Individual/Sole proprietor Corporation International Corporation Partnership (i.e. LLC, LTD) Non-Profit

If Individual/Sole proprietor, provide individuals name: _____

Company Name: _____

Phone No: _____
Area Code Number Ext.

Company Acronym/Short Name: _____

Contact Person: _____

Toll Free Phone No: _____

Division: _____

Fax No: _____

Address: _____

E-mail: _____

City, State and Zip: _____

Web site: _____

Customer #/Acct.# for MSU _____

Certifications (i.e. DUNS): _____

Purchase Orders and Requests for Quotations Address

Remittance/Checks/Payments Address

Company Name: _____

Company Name: _____
on Invoice

Address: _____

Address: _____

City, State, Zip _____

City, State, Zip: _____

Payment Terms: 2%10NET30 1%10NET30 NET30 NET20
(circle one) OTHER: _____

Do you require a hard copy of verbal orders? Yes ___ No ___

Shipping Terms (check one):

The University uses a purchasing card for transactions less than \$2,500.00

- MSU Department Pick-up
- FOB Destination (Vendor Truck or Parcel Carrier, no added freight)
- FOB Destination Freight Collect (MSU preferred common carrier)
- FOB Shipping Point Freight Collect (MSU preferred common carrier)
- Other*: _____

Does your firm accept MasterCard? Yes ___ No ___

Vendor is a: Dealership Distributor Manufacturer
Other: _____

*If requesting "Other", Vendor MUST contact University Stores - 517-355-1700; Nathan Maher, X: 214 or Brian Estee, X: 212, between 7 am & 4 pm EST, Mon. – Fri.

FOR REPORTING PURPOSES ONLY

51% CONTROLLED & OPERATED: (check all applicable lines)

Enter % of Minority Ownership

- Minority Owned (If Minority Owned, enter % of ownership) →
- Woman Owned (W)
- Small Business (S)
- Handicapper (Z)

- | | |
|---|--|
| <input type="checkbox"/> African/Black American Owned (B) | <input type="checkbox"/> Hispanic American Owned (H) |
| <input type="checkbox"/> Asian Indian American Owned (A) | <input type="checkbox"/> Native American Owned (N) |
| <input type="checkbox"/> Asian-Pacific American Owned (P) | |

Commodity(s): _____

For fax or mail returns, please sign. Signature is not needed for e-mail returns.

Signature: _____ Title: _____ Date: _____

We would appreciate your enclosing a copy of your price list, product description literature or other material that will explain your products and services.

FOR MSU USE ONLY

Buyer: _____ PO# _____ Vendor # _____

