### VENDOR/SUPPLIER REGISTRATION FORM

Please select one:

- [ ] New Vendor
- [ ] Vendor Update
- [ ] Legacy Vendor ID (office use only):
- [ ] Vendor ID in Banner (office use only):

<table>
<thead>
<tr>
<th>Company/Individual Name on IRS Record</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company DBA name – Payments will be made payable to this name</td>
<td>Phone</td>
<td>Fax</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Phone</td>
<td>Fax</td>
</tr>
<tr>
<td>Commodity/Service Code Name and Number (select from attached table)</td>
<td>Phone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

#### [PR/PO] Primary Business Address/Purchase Order Information

<table>
<thead>
<tr>
<th>(PO Box or Street, City, State, 9-Digit Zip)</th>
<th>E-Mail Address and/or Company Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

#### [RE] Remit To Information (if different from above)

<table>
<thead>
<tr>
<th>Mailing address for checks and 1099 reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PO Box or Street, City, State, 9-Digit Zip)</td>
</tr>
<tr>
<td>Contact Name</td>
</tr>
</tbody>
</table>

#### [RQ] Bid/Quote/Proposal Information (if different from above)

<table>
<thead>
<tr>
<th>(PO Box or Street, City, State, 9-Digit Zip)</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

#### [RG] Product Return Information (if different from above)

<table>
<thead>
<tr>
<th>(Street, City, State, 9-Digit Zip)</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Title</td>
</tr>
</tbody>
</table>

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Do you currently have ACH capabilities? If not, indicate a possible future date for receiving payments electronically:
- [ ] Yes
- [ ] No

**Relationship Disclosure (check all that apply):**

- [ ] Yes  [ ] No **Are you or any Officer, Director, Owner or Partner in this company an employee of Missouri State University**
- [ ] Yes  [ ] No **Is a direct family member of any of the above an employee of Missouri State university**
  
  *(direct family member includes spouse/partner or minor child)*
- [ ] Yes  [ ] No **Does any University employee have an ownership interest in your firm? If yes, What percentage? _____**
- [ ] Yes  [ ] No **Missouri State Alumni?**
IRS Business Classification (Must Check One)

[IS] ☐ Individual/Sole Proprietor
[CP] ☐ Corporation
[PR] ☐ Partnership
[LL] ☐ Limited Liability Entity (D-Disregarded entity, C-Corporation, P-Partnership)
[OT] ☐ Other ____________________

Select if you maintain a regular place of business in the state of Missouri

[MF] ☐ Missouri Firm

Select Income Type, if applicable:

[MD] ☐ Physician or Medical/Health Provider
[AT] ☐ Attorney or Legal Firm
[FB] ☐ Missouri Non-Resident Entertainer as determined by (office use only):
  University Dept: _____________________ Staff Initials: __________

Check all that apply:

If certified, please attach copy of certification with this form

[SM] ☐ Small Business
[WO] ☐ Woman-owned Business Enterprise (WBE)
[MN] ☐ Minority-Owned Business Enterprise (MBE)
[MO] ☐ Missouri Certified MBE, WBE, or DBE
[HZ] ☐ HUB Zone
[SD] ☐ Small Disadvantages Business (SDB)
[SV] ☐ Service-disabled Veteran small business
[VO] ☐ Veteran-Owned Small Business
[HB] ☐ Historically Black Colleges & University/Minority Institutions

Substitute IRS Form W-9 Certification

Part I: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Page 1 to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

OR

Employee Identification Number

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

For additional information refer to the website link below: www.irs.gov and go to Form W-9

Signature of U.S. Person

Date

Printed Name:

Title:

Mail/Fax completed form to:

Office of Procurement Services
901 South National Avenue
Carrington Hall 106, Springfield, MO 65897
Phone: 417-836-5260
Fax: 417-836-6583
Website: www.MissouriState.edu/Procurement

Business Services
Missouri State University-West Plains
128 Garfield, West Plains, MO 65775
Phone: 417-255-7260
Fax to: 417-255-7259
Website: www.wp.MissouriState.edu/BusinessServices

05.03.08