



INDIANA UNIVERSITY

PURCHASING DEPARTMENT

Dear Sir or Madam:

Indiana University would like to place an order with you or your organization. To process that order, you or the entity you represent must be added to our vendor system. Our four-page Vendor Information Packet (VIP) follows this page and completion of the VIP will allow us to establish you or your organization as a vendor in our system.

VIP Summary:

- PAGE 1: W-9 (required)** – The W-9 **must** include your legal name and tax ID (as used when filing US federal income taxes), address, and ownership type. **It must be signed.**
- PAGE 2: Vendor Information (required)** – This page contains information that will help facilitate a more productive working relationship with Indiana University. We ask that you please provide as much information as possible.
- PAGE 3: ACH Agreement (optional)** – We encourage you or your organization to take advantage of direct deposit, as it saves time and resources when processing payments.
- PAGE 4: Business Diversity Certification Form (optional)** – Please complete this form if your business is a small business, minority- or woman-owned business, or meets other criteria listed at <http://www.indiana.edu/~busdiv/classification.html>.

For your convenience and for legibility, the attached forms may be completed in Adobe Acrobat. All fields with red borders – and the tax ID on the W-9 – are required. **Email is not a secure method of transmission**, so please do not return these forms via email if you are including either a social security number or banking information. Return completed forms via fax or mail if you are including any sensitive data.

Please return these forms to the Indiana University employee who sent them to you. Include that person's name on your cover page. If you return these forms to the Purchasing Department without any information as to who requested them from you, the approval of you or your organization (and therefore processing of the order and payment) will be delayed.

If you have any questions about these forms, please contact the Vendor Workgroup at the Indiana University Purchasing Department at 812-856-3057 or 812-855-8752. **For more information on doing business with Indiana University, including our invoice requirements, please visit <http://www.indiana.edu/~purchase/partnerships/partnerships.shtml>.**

Sincerely,

The Vendor Workgroup
Indiana University – Purchasing Department

W-9 Form Modified
US Person or Resident Alien only, Non-Resident Aliens must complete Form W-8BEN

Information required to satisfy Form 1099 reporting

Under the United States Internal Revenue Code, Indiana University is required to obtain Taxpayer Identification Numbers (TIN) when making reportable payments to individuals or corporations. If this information is not provided, certain payments may be subject to a backup withholding rate of twenty-eight percent (28 %). Also, if you fail to furnish a correct TIN, the IRS can access a penalty of \$50 unless failure to comply is due to reasonable cause and not willful neglect.

Instructions: Complete all parts and return this form to the requesting IU department. This completed form is required to be filed with the University before payment can be processed. For more information and detailed instructions, see <http://www.irs.gov/instructions/iw9/ar02.html>.

Part I - Name, Address and Tax Status

Legal Name: _____
(As reported for federal income tax purposes [must match number listed below])
(If Tax Type is Social Security Number, the Legal Name MUST be the name of the Individual, NOT a Company Name)

Business or Trade Name: _____
(Should only be used if you are "doing business as" (dba) a different name than the Legal Name.)

Address: _____

City: _____ **State:** _____ **ZIP:** _____ - _____

Telephone Number: _____ **Fax Number:** _____

Please indicate (X) ownership status:

- | | |
|--|--|
| <input type="checkbox"/> Corporation (for profit) (EIN) | <input type="checkbox"/> Non-Profit (EIN) |
| <input type="checkbox"/> Estate/Trust (EIN) | <input type="checkbox"/> LLC, LLP or Partnership (EIN) – income tax return filed under business name |
| <input type="checkbox"/> Government (U.S., State, Local) (EIN) | <input type="checkbox"/> Individual/Sole Proprietor or Single Member LLC when income tax return filed under individual's name – LIST INDIVIDUAL'S NAME AS LEGAL NAME (SSN/EIN) |

In addition to the above, please check one of the below if you perform either Health Care or Legal Services:

- Health Care Services Legal Services

Please provide your tax ID number (TIN) as reported for federal income tax purposes and matching Legal Name above:

Social Security Number	--OR--	Employer Tax ID Number
_____ -- _____ -- _____		_____ -- _____

Part II – Exemption

If you are exempt from Backup Withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct name and TIN in Part I and write "Exempt" on line provided here _____; sign, date and return to requester (individuals and sole proprietors are not exempt).

Part III – Certification

Instructions: Cross out item two below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Under penalties of perjury, I certify that: (1) the number shown of 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 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. Person (including a U.S. resident alien).

Signature **Date** **Title**



Please provide as much information as possible to help facilitate a more productive working relationship with Indiana University.

Purchase Order Delivery Methods

Vendor Name	E-mail Address
Street Address or P.O. Box	City, State, Zip
Facsimile Number (_____) - _____ If there are multiple fax numbers to which purchase orders should be sent (i.e. for different departments/product categories), please attach a list of numbers and corresponding departments on a separate page.	

Remit-to Address

Check here if same as above

Street Address or P.O. Box	City, State, Zip
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Contact Information

Sales Contact	Accounts Receivable Contact
Telephone Number (with extension if applicable) (_____) - _____ X _____	Telephone Number (with extension if applicable) (_____) - _____ X _____
E-mail Address	E-mail Address

URL / E-mail Information

Primary URL (i.e. www.indiana.edu)	E-Mail Address for General Inquiries (i.e. info@indiana.edu)
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Payment Information

Minimum Order Requirements	DUNS Number - provided by Dun & Bradstreet (if applicable)	Do you accept Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Terms: <i>Please note: Indiana University's preference for payment terms is net 30 because this is the shortest period in which we can consistently ensure payment. The University makes every effort to uphold to our commitment to pay our vendors in a timely manner. If you have questions or concerns contact the Purchasing Department at 812-856-3057.</i>	Shipping Terms 1 – who retains ownership during shipment? <input type="checkbox"/> FOB Origin (IU) <input type="checkbox"/> FOB Destination (vendor) <input type="checkbox"/> FOB Shipping Point (Distributor) <input type="checkbox"/> Customs – US Port <input type="checkbox"/> Customs – International Port	Shipping Terms 2 – who is responsible for shipping fees? <input type="checkbox"/> IU – Prepaid and Added to invoice <input type="checkbox"/> IU – Separate bill <input type="checkbox"/> Vendor – “Allowed” <input type="checkbox"/> Paid by third party

Provide a general idea of the commodities you supply and/or services you perform as well as any additional information that may be helpful:

INDIANA UNIVERSITY

Vendor Authorization Agreement for Direct Deposit (ACH Credits) of Accounts Payable Disbursements (For use with Disbursement Vouchers. For example: Invoice payments on purchase orders)

New Authorization

Update Existing Authorization

Cancel Authorization

Vendor Name	Tax ID Number (SSN, FEIN, or ITIN):		
Bank Account Name (if different than vendor name)	Vendor Email Contact Address		
Contact Name	Phone Number		
Vendor Address	City	State	Zip
Financial Institution Name	Contact phone number at financial institution		
City	State	Zip	
Bank Account Number	Routing Number		

Type of Account: Checking Savings

Both parties agree that the addendum information will be provided to the customer in the form of a CCD+ addendum record and, if desired, in the form of an email notification for each invoice paid.

Would you like an email remittance notification? Yes No

Remittance Email Address

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. I (we) further authorize Indiana University to initiate credit entries to the account and financial institution listed above.

I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in effect until Indiana University has received written notification from (us) of its termination in such time and manner as to afford Indiana University and the depository financial institution a reasonable opportunity to act on it.

IMPORTANT NOTICE ABOUT INTERNATIONAL ACH/DIRECT DEPOSIT Due to new banking regulations, beginning September 18, 2009, funds electronically deposited via Automated Clearing House (ACH) in a U.S. bank and then forwarded to a non-U.S. bank are required to include additional information that is not currently being collected. Until this additional information can be obtained, payments of this nature must be paid by paper check or will be rejected by the ACH network. THIS INCLUDES ACH PAYMENTS PROCESSED BY INDIANA UNIVERSITY FOR EMPLOYEE REIMBURSEMENTS. If you currently forward, or in the future plan to forward, ACH payments to a non-U.S. bank; steps should IMMEDIATELY be taken to inactivate or change your direct deposit information currently on file with Indiana University. YOU NEED NOT TAKE ANY ACTION IF YOU DO NOT AND WILL NOT FORWARD ACH PAYMENTS TO A NON-U.S. BANK.

Check here if you plan to forward your ACH to a non-US bank: (check box)

Failure to take action will result in your bank rejecting your international deposit and returning the funds to Indiana University. Indiana University is not responsible for international ACH transactions that are rejected and/or delayed due to missing information.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature _____ Date _____

Printed Name _____ Title _____



INDIANA UNIVERSITY

OFFICE OF THE VICE PRESIDENT
AND CHIEF FINANCIAL OFFICER

Department of Business Diversity

Business Diversity Certification Form

For an explanation of all the diversity classifications listed below please visit our website at <http://www.indiana.edu/~busdiv/certification.shtml>. If any of the Business Classifications selected below are classified as **certified** you must include the certifications when returning this form.

Company Information

Company Name:	
Address:	
Phone :	
Fax:	
Contact Name:	
Email:	
List products or services this company provides:	
List NAICS codes (if known):	

Diversity Classifications

Is the owner or owners of this business a US citizen(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a non-profit (501) (c) organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business certified as a qualified HubZone small business by the Small Business Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business a certified Minority Business Enterprise (MBE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If an MBE, please check all the minority classifications that apply below <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Asian Pacific-American <input type="checkbox"/> Other (please specify: _____)	
Is this a certified Women Business Enterprise (WBE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Veteran-owned small business (VOSB) or Service-Disabled-Veteran-owned Small Business (SDVOSB)? Send DD214 or a military ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business a Small Business as defined by the SBA? (See Small Business classification definition at www.indiana.edu/~busdiv)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business certified as an 8(a) by the SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Signature:	
Name/Title:	
Date:	