



## Vendor Information Form

Please complete and return to Purchasing

Vendor name \_\_\_\_\_

Vendor address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remit to address** (must be completed if payments are NOT sent to your Business Address. Write "Same" if no changes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary contact(s) \_\_\_\_\_

Email address for primary contact \_\_\_\_\_

Email address for purchase orders \_\_\_\_\_

Website address \_\_\_\_\_

Individual/Sole proprietorship      Partnership      Corporation      LLC      Nonprofit

Tax ID/SSN (must match W-9) \_\_\_\_\_

Services/Products offered \_\_\_\_\_

\_\_\_\_\_

Is there any relationship between a Texas Wesleyan University employee and your company? (i.e. employee, student, trustee, employee relative)

Yes      No      If yes, please describe \_\_\_\_\_

Is your company or its principals presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from cover transactions by any Federal department or agency?

Yes      No

Do you accept purchasing cards?      Yes      No

Will you accept payment via ACH (If yes, fill out Page 3 of this packet)      Yes      No

Credit terms      Net      \_\_\_\_\_      days (our standard is Net 30)

Check all that apply:

Minority owned      Woman owned      Locally owned

Please Note: To be designated as MWBE or HUB, the appropriate certifications must be provided

## TERMS AND CONDITIONS OF THE PURCHASE

Any purchase made will be governed by the following Terms and Conditions. If there are terms and conditions with which your company cannot comply, please return with an explanation.

### Purchase Orders

All orders placed by a Texas Wesleyan University employee for billing to the University must be accompanied by a Texas Wesleyan University purchase order number. The only exception to this would be employee purchases on a Texas Wesleyan University Procurement Card.

The purchase order number(s) must appear on all invoices, shipping documents, packages and all correspondence pertaining to the order. An omitted or invalid purchase order number may significantly delay payment and ultimately may result in nonpayment and/or return of merchandise.

To be eligible for payment, an original invoice must be submitted. Faxes and/or photocopies are not acceptable, however electronic invoices via email are acceptable and should be submitted by email at [accountspayable@txwes.edu](mailto:accountspayable@txwes.edu).

### Standard Payment Terms

Texas Wesleyan University's standard payment terms are Net 30.

### Invoice Pricing Differences

Any price(s) that are the direct result of quotation) solicited by the buyer, whether verbal or written, are firm and are not subject to change without the express permission of Texas Wesleyan Purchasing Department.

### Taxes

Unless otherwise noted, Buyer is exempt from state sales and use taxes. Proper certifications will be furnished as required.

### Warranty of Seller

Seller expressly warrants that all the goods and work covered by this order will conform to the specifications, drawings, samples or other description furnished or specified by buyer, and will be of good material and workmanship and free from defect. Seller also warrants that all goods covered by this order which are of Seller (s) design or are Seller's standard product are in accordance with Seller(s) specifications, and are fit and sufficient for the purpose intended.

### Confidentiality

Both parties shall, and shall ensure that all of its employees and agents involved with the performance of the Services, keep confidential any proprietary, trade secret, business secret, copyright, patent or other such information of the other party, or of any of its vendors, suppliers, or constituents, which it learns as the result of carrying out its obligations under this Agreement, unless specifically directed by the other party to release the information. Vendor expressly further agrees that it shall return any such information and copies thereof to the University upon completion of Vendor's duties under this Agreement, or upon the University's request. The terms of this Section shall survive the termination of this Agreement.

### Indemnification

The vendor shall indemnify, hold harmless and defend the University and its trustees, administrators, faculty and employees from any liability, loss, claim, damage, expense, including attorneys' fees, injury, or death arising out of, or incident to, vendor's negligence or deliberate action.

The University shall indemnify, hold harmless and defend the contractor, vendor or facility and its employees from any liability, loss, claim, damage, expense, including attorneys' fees, injury, or death arising out of, or incident to, the University's negligence or deliberate action.

### Contracts

Any contracts must be signed by the Vice President of Finance and Administration.

### Policies and Procedures

Employees of any vendor selected by this process are expected to follow Texas Wesleyan University policies and procedures while on campus. Any employee failing to comply with those policies may be asked to leave campus immediately. Texas Wesleyan reserves the right to ask that employees who do not comply with policies be replaced.

### Non-Discrimination

Vendor shall not discriminate on the basis of race, color, religion, sex, age, national origin, sexual orientation, disability or status as a Vietnam Veteran as defined and prohibited by applicable law.

### Governance and Venue of Disputes

Disputes arising during the course of any agreement reached as a result of this proposal shall be governed by the laws of the State of Texas and under the jurisdiction and venue in the courts of Tarrant County, Texas.



<b>Vendor Information</b>	
Date	
Direct Contact Name	
Direct Contact Number (for verification purposes)	
Check One If Applicable:	<input type="checkbox"/> Current Student <input type="checkbox"/> Former Student <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> New Vendor/Update Existing Information (Fill out Vendor Information Form and an Updated W-9)
<b>ACH Information</b>	
Bank Routing Number	
Bank Account Number	
Bank Name	
Type of Account (Checking/Savings)	
Purchasing Office Use Only	
Vendor Number:	
Date Entered in BAIE:	



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they