



## FLORIDA A&M UNIVERSITY

### PURCHASING DEPARTMENT

208 FOOTE HILYER ADMINISTRATION CENTER, TALLAHASSEE, FL 32307

OFFICE 850 599-3203, FAX 850 561-2160

### VENDOR APPLICATION

#### Section 1 - Contact Information

Vendor Name: \_\_\_\_\_

	Mailing Address	Remit Address (if different)
City	_____	_____
County	_____	_____
State & Zip Code	_____	_____
Telephone	_____	_____
Fax	_____	_____
Contact Name	_____	_____
Toll Free	_____	_____
Email	_____	_____
Web Page	_____	_____
Contact Persons	_____	_____

#### Section 2 - Request for Taxpayer ID Number (ITN) and Certification; SSN IS USED FOR TAX REPORTING PURPOSES ONLY

Enter your TIN or Number in the appropriate box.	Social Security Number
For individuals, this is your Social Security # (SSN).	Employer Identification Number
For other entities, it is your employer ID# (EIN).	CHECK IF EXEMPT FROM BACKUP WITHHOLDING

Circle Appropriate Box Individual Corporation Partnership Other

#### Section 3 - Small and/or Minority Status Information \_ Please circle all that apply

Federal Classification	State of Florida Certified Minority Business Enterprises	NON- CERTIFIED MINORITY BUSINESS ENTERPRISES	NON-PROFIT ORGANIZATION
SBA 8(a) Certification	African American	African American	Minority Board of Directors
Small Business Disadvantaged Business Certification	Hispanic	Hispanic	Minority Employees
Veteran	Asian / Hawaiian	Asian / Hawaiian	Minority Community Served
Service Disabled Veteran	Native American	Native American	Other Non-Profit
Vietnam Veteran	American Woman	American Woman	
Women Owned			
Minority-Owned Business			

#### Section 4 - Types of Commodities (Product/Services) - Please check one

Scientific	Architecture	Janitorial	
Medical	Furniture (Classroom)	Maintenance	
Laboratory	Furniture (Dormitory)	Computer (Technology)	
Engineering	Office Supplies	Consulting Services	

#### Section 5 Purchase Order and Payment Preferences \_ Please circle all that apply

By which delivery method do you prefer to receive purchase orders?	Fax	Email	Post Mail
Payment Discount Terms	2% Net 10	Other	
By which delivery method do you prefer to receive payment?	Check	EFT	

#### Section 6 Certification and Signature

I certify that the information supplied herein is correct to the best of my knowledge. I further certify that in doing business with the State of Florida my firm is in compliance with Chapter 112, Florida Statutes relating to conflict of interest (to review the Statue in full, visit <http://www.flsenate.gov/Statutes/>). Also I agree that no commodities or services will be provided to the University until a valid purchase order or contract is issued. All invoices **MUST** be mailed to Florida A&M University Post Office Box 7238 Tallahassee, FL 32314-7238.

\_\_\_\_\_  
Name of Person Completing/Authorizing Application

\_\_\_\_\_  
Title of Person Completing/Authorizing Application

**Form W-9 Taxpayer Identification Number Request Rev. 3/2007. For payments other than interest, dividends, or Form 1099-B gross Proceeds Substitute Form FZ-PDS-W9**

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723.

**Back up Withholding.** Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**U. S. Person.** Use this form only if you are a U. S. person (including U. S. resident alien). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary.

**Note.** To U. S. Resident Aliens who formerly were Nonresident Aliens: If there is a tax treaty between the U. S. and your country, and it contains a "saving clause" to exempt certain types of income from U. S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:  
1. the treaty country 2. The treaty article about income 3. The article number for the "saving clause" 4. The type and amount of income that qualified for the saving clause.  
5. Facts that provide a sufficient explanation of why the saving clause applies

**Instructions:** 1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status 2. Complete Part 2 if you are exempt from 1099 reporting  
3. Complete Part 3 by filling in all lines 4. Return this completed form to us in the enclosed envelope

**Part 1 - Tax Status:** (complete only one set of boxes)

Individuals:

Individual Name First Name	Middle Initial	Last name	Individual's Social Security Number

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor (or an LLC with one owner):

Business Owner's Name (Required)		Business Owner's Social Security Number	Business or Trade Name (Optional)
First Name	Middle Initial	or Employer ID Number	
Last Name			

Partnership (or an LLC with multiple owners):

Name of Partnership	Partnership's Employer Identification Number	Partnership's Name on IRS records (IRS mailing label)
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A corporation may use an abbreviated name or its initials, but its legal name on the articles of incorporation.

Corporation or tax exempt entity

Legal Name of Corporation or Entity	Employer Identification Number
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**Part 2 - Exemption:** if exempt from Form 1099 reporting, check your qualifying exemption reason below.

<input type="checkbox"/> Corporation Note that there is no corporate exemption for medical and healthcare payments or payments for	<input type="checkbox"/> Tax Exempt Entity under 501 (a) (includes 501(c) (3), or IRA)	<input type="checkbox"/> The United States or any of its agencies or instrumentalities	<input type="checkbox"/> A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or	<input type="checkbox"/> A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress
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**Part 3 - Certification:**

Person completing this form (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Tax Correspondence Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Remit address if different

Telephone: \_\_\_\_\_

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, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding  
3. I am a U. S. Person (including a U. S. resident Alien).

Signature of U. S. Person: \_\_\_\_\_ Date: \_\_\_\_\_