



# New Supplier Setup Form

RIT Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Supplier Instructions: Send the completed form to the Procurement Services Office along with a completed [W-9 Form](#). (124 Lomb Memorial Drive, Rochester, NY 14623 or fax to 585-475-7171)

## Supplier Information:

Legal Name: \_\_\_\_\_

*If individual, enter last name first*

Trade Name (DBA): \_\_\_\_\_

Invoicing Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Remit To Address:

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Physical Address:**  Same as Remit to

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Terms:

Standard Payment Terms: RIT only accepts net 30

### Reason For Payment:

- Goods Brief Description \_\_\_\_\_
- Services Brief Description \_\_\_\_\_
- Honorarium  Expense Reimbursement

## Type of Organization:

- Individual (SSN) \_\_\_\_\_
- Sole Proprietor (Fed. ID/SSN) \_\_\_\_\_
- Partnership (Fed. ID) \_\_\_\_\_
- Incorporated Bus. (Fed. ID) \_\_\_\_\_
- Publicly Traded?  Yes  No
- Non-Profit Org. (Fed. ID) \_\_\_\_\_

Please indicate your organization's tax status:

- 501(c)(3)  501(c)(4)  501(c)(6)  501(c)(7)
- 501(c)(8)  Not Tax Exempt  Other \_\_\_\_\_

## Business Size and Classification:

Please check either Large or Small to indicate the business size. Then check any relevant classifications of the business

- Large  Small
- Disadvantaged  Woman-Owned  Veteran-Owned
- Svc Disabled Veteran  Minority Owned  HUB Zone

## For Minority-Owned Businesses Only:

- African American  Native American  Veteran
- Latin American  Disabled Veteran  Asian
- Other (Specify) \_\_\_\_\_

## Conflict of Interest:

A conflict of interest may exist where an RIT employee or close relative/family member has a connection to the above business, and a third party may consider that this relationship may compromise the competitive process. Does any RIT employee have a possible conflict of interest with the above business?

- Yes  No

### If yes, please specify the following:

RIT Employee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employee's Relationship: \_\_\_\_\_

## Preparer's Information:

**I certify that:** All responses provided herein, including vendor classifications, are true and accurate. I am not subject to backup withholding due to failure to report interest and dividend income

Certified By: \_\_\_\_\_

PrintName/ Title: \_\_\_\_\_

Date \_\_\_\_\_