



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 Asian

Veteran

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 _____