



Official Use Only:

VENDOR CERTIFICATION FORM

- New Supplier
- New Information for Existing Supplier

Return to:
 Robert Morris University
 6001 University Boulevard
 Moon Township, PA 15108
 Attn: Judy Hindes

Submit with appropriate W9 form found at:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

1. SUPPLIER

Legal Name (please type or print) _____ **Federal Tax ID or Social Security Number** _____ **DUNS # (if applicable)** _____

Primary NAICS # _____ (www.census.gov/epcd/www/naics.html) North American Industrial Classification System

Is Payee a Non-resident Alien? Yes No If yes, submit with appropriate W8 form found at:
<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Type of Organization (check one only)

- | | | |
|---|--|--|
| <input type="radio"/> Individual (Social Security Number) | <input type="radio"/> Sole Proprietor (Federal ID No.) | <input type="radio"/> Retailer |
| <input type="radio"/> Partnership (Federal ID No.) | <input type="radio"/> Incorporated (Federal ID No.) | <input type="radio"/> Non-Profit Organization (Federal ID No.) |
| <input type="radio"/> Government Entity (Federal ID No.) | <input type="radio"/> Contractor | <input type="radio"/> Distributor |
| <input type="radio"/> Broker | <input type="radio"/> Manufacturer | |

Business Size and Classification

- Large Business Concern Small Business Concern 1099 Supplier (Services)

Supplier Diversity Information

- | | | | |
|---|--------------------------------------|--|-------------------------------|
| <input type="radio"/> Women-owned (WBE) | <input type="radio"/> Veteran-owned | <input type="radio"/> Service Disabled Veteran-owned | <input type="radio"/> HUBZone |
| <input type="radio"/> Disadvantaged (DBE) | <input type="radio"/> Minority (MBE) | <input type="radio"/> Vietnam Era Veteran-owned | <input type="radio"/> HBCU/MI |
| <input type="radio"/> 8(a) | | | |

Please circle the DBE classification below, if applicable:

- | | | | |
|------------------|---------------|-------------------|-----------------|
| African American | Indian Tribe | Hispanic American | Native American |
| Asian Indian | Asian Pacific | Native Hawaiian | |
| Other _____ | | | |

(Misrepresentation – Reference: Small Business Program Representations – FAR Part 52.219-[d][2])

Are you Central Contractor Registration Certified: Yes No (www.ccr.gov) Attach copy of Certification

Are you SBA Certified: Yes No Please attach a copy of Supplier Diversity Certification and the name of the certifying agency. Certifying Agency: _____

Has your company been included on the List of Parties Excluded from Federal Procurement Programs within the last 3 years?

- Yes No (Ref: <http://www.epls.gov/>)

Other Certifications: _____ (Attach copy of Certification)

2. GENERAL

Description of product or services being offered to Robert Morris University: _____

URL for Company Web Site: _____

Robert Morris University's Account Number with your organization: _____

| | | | |
|------------------|----------|---------------------|--------------------|
| Year Established | MCC Code | Number of Employees | Gross Annual Sales |
| _____ | _____ | _____ | _____ |

Terms: FOB Delivered, Net 30 unless otherwise acknowledged by an authorized signatory for Robert Morris University.

Does any individual employed by Robert Morris University or have a relationship with Robert Morris University have a significant interest in your business? Yes No

If yes, please provide the name and describe the relationship: _____

3. BUSINESS ADDRESSES (please copy this page to list any additional addresses) _____

ADDRESS/LOCATION 1

Address Line 1 _____

Address Line 2 _____

City _____

State _____

County _____

Postal Code _____

Is ADDRESS 1:

Payment Receiving Site? Yes No

Purchasing Site? Yes No

Telephone Number _____

Fax Number _____

ADDRESS/LOCATION 2

Address Line 1 _____

Address Line 2 _____

City _____

State _____

County _____

Postal Code _____

Is ADDRESS 2:

Payment Receiving Site? Yes No

Purchasing Site? Yes No

Telephone Number _____

Fax Number _____

4. CONTACTS for ADDRESSES (please copy this page to list any additional contacts)

Principal Contact Name ADDRESS

E-Mail Address _____

Telephone Number _____

Fax Number _____

Sales Rep. Contact Name ADDRESS

E-Mail Address _____

Telephone Number _____

Fax Number _____

5. Name of Robert Morris University employee with whom you've been speaking: _____

6. PAYMENT

a) Does your company accept VISA credit card payments? Yes No

b) Will you accept electronic fund transfers? Yes No

7. SIGNATURE and CERTIFICATION

By signing this document, I the undersigned agree that all information either written or supplied as attachments is accurate and true and any falsification of materials provided to Robert Morris University as part of the Vendor Certification Form process may be reason to suspend and/or cancel contracts on purchase orders with said vendor.

Signature of Authorized Representative

Date

Telephone Number

E-mail Address

Name (Printed or Typed)

Title