



Supplier Information (FEIN) Form

Company name (as shown on income tax return): _____

Company acronym/DBA: _____

Address: _____

Phone: _____

City, state, zip code: _____

Toll free phone: _____

Country: _____

Fax: _____

Website: _____

MSU customer number: _____

Purchase orders and requests for quotations

Company name: _____

Address: _____

City, state, zip code: _____

Country: _____

Contact name: _____

Email address: _____

Phone: _____

Remittance, checks, payments (as on invoice)

Company name: _____

Address: _____

City, state, zip code: _____

Country: _____

Contact name: _____

Email address: _____

Phone: _____

Payment terms

2.75%10NET30 NET30

Other (please specify): _____

Foreign supplier operating in the U.S. (check one):

U.S. subsidiary of foreign entity (W-9 to be completed)

U.S. branch of foreign entity (W-8 ECI, W-8 BEN, W-8 BEN-E, or other W-8 to be completed)

Does your firm accept credit cards? Yes No

OPTIONAL, FOR REPORTING PURPOSES ONLY

Is the company a business in which at least 51% is owned by (check all that apply):

- African/Black American American Indian or Alaskan Asian
- Disabled Disabled veteran Hispanic or Latino
- HubZone (location) Native Hawaiian or other Pacific Island Small Business
- Small Disadvantaged Business or 8(A) Veteran Woman