



## Supplier Information Form

Company Name (as shown on income tax return): \_\_\_\_\_

Company Acronym/DBA: \_\_\_\_\_

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

Corporate Street Address: \_\_\_\_\_

Toll Free Phone: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Your Customer Number for MSU: \_\_\_\_\_

Website: \_\_\_\_\_

### Purchase Orders and Requests for Quotations

Company Name: \_\_\_\_\_

### Remittance/Checks/Payments (as on invoice)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

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

Contact for Purchase Orders: \_\_\_\_\_

Contact for Accounting: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

### If you are a foreign supplier operating in the U.S., check one:

U.S. Subsidiary of Foreign Entity (W-9 to be completed)

U.S. Branch of a Foreign Entity (W-8 ECI, W-8 BEN, W-8 BEN-E or other W-8 to be completed)

Payment Terms:  2%10NET30  NET30 OTHER: \_\_\_\_\_

Does your firm accept credit cards?  Yes  No

Shipping Terms (check one):  Department Pick-up  FOB Destination  FOB Shipping Point Freight Collect (MSU preferred carrier)

Freight Prepaid and Added  Electronic Other: \_\_\_\_\_

### FOR REPORTING PURPOSES ONLY - OPTIONAL

#### Is the company a business in which at least 51% is owned by (check all applicable lines):

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