



VENDOR SETUP FORM

To Be Completed by Vendor **ONLY**

New Vendor

Name Change

Address Change

Internal Use Only E-Procurement Vendor Yes No
Banner ID# _____

Return Completed Form to NCCU Purchasing Dept. • 1801 Fayetteville Street, 615 Lawson Street • Durham, NC 27707 • Phone: 919-530-6329 • Fax: 919-530-6185

By signing this Vendor Setup Form you are agreeing to N.C. General Contract Terms and Conditions

Please Fill Out Completely

An incomplete form will delay our payment to you.

Legal Business Name (as show on income tax return)

Check appropriate box(es) below.

Individual/Sole Proprietor

Minority Owned

HUB Certified

Registered "Doing Business As" Name, if different from above

Partnership

Women Owned

Commodity

Corporation

Disabled Owned

Services

Federal or State Gov. Agency

Disabled Business Enterprise

STC

Non-Profit

Small Business

Taxpayer Identification Number

The Tax Identification Number must match the name given, as shown on your tax return, to avoid backup withholding.

Social Security Number

Employer Identification Number

Business Information

Contact's Last Name

Contact's First Name

Company Website

Physical Address

City

County

State

Zip

Remittance Address

City

County

State

Zip

Telephone Number

Email Address

Fax Number

How do you wish to receive Purchase Orders from NCCU?

Fax

Email

Mail

Will you provide medical services to NC Central University?

Yes

No

Will you provide legal services to NC Central University?

Yes

No

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person

Signature of U.S. Person _____

Date _____

Clear Form