

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, Rm. 305 Hoey Bldg • Durham, NC 27707 • Phone: 919-530-6329 • Fax: 919-530-6185

Please Fill Out Completely	An incomplete form will delay	y our payment to you.							
Legal Business Na	me (as show on income tax return)		Check appropriate		Minority Owned				
	Registered "Doing Business As" Name, if different from above		Partnership		Women Owned				
Registered "Doi			Corporation		Disabled Owned				
			Federal or State G	Goverment Agency	☐ Disabled Busness Enterprise☐ 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 Identi	fication Number					
Business Information									
Contact's Last	Name	Contact's First Name		Company Website		_			
Physical Addre City	County	State Zip	Remittance City	e Address	County State Zip				
 Telephone Nu	mber	 Email Address			Fax Number				
How do you w Will you provide	rish to receive Purchase Orders for medical services to NC Central University legal services to NC Central University	from NCCU?		☐ Mail					
Certification									
1. The nu 2. I am no to back	tup withholding as a result of a failure to U.S. citizen or other U.S. person	e: (a) I am exempt from back	up withholding, or (b) I ha	ve not been notified by	ne), and the Internal Revenue Service (IRS) that I am subjec onger subject to backup withholding, and Date	ct			