

Virginia Commonwealth University Procurement Services Vendor Registration Form

This form must be completed and submitted by an authorized agent of the vendor. VCU staff should not attempt to furnish this information on behalf of the vendor.

Vendors will not be created in our system until this form is completed and returned. Questions regarding this form should be directed to the Vendor Create Analysts at 804-828-1637 or 804-828-1770. Completed form should be faxed to 804-827-0490.

* Required Fields

<p>Send Orders to:</p> <p>Trade Name (DBA): <input style="width: 90%; height: 20px;" type="text"/> *</p> <p style="font-size: small; margin-left: 20px;">(Individuals, not associated with a business, enter your name)</p> <p>Address: <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>Address2: <input style="width: 90%; height: 20px;" type="text"/></p> <p>City: <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>State: <input style="width: 15%; height: 20px;" type="text"/></p> <p>Zip: <input style="width: 60%; height: 20px;" type="text"/> *</p> <p>DUNS #: <input style="width: 90%; height: 20px;" type="text"/> <small>(for this location)</small></p> <p>Contact Name: <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>Contact Phone: <input style="width: 60%; height: 20px;" type="text"/> * <small>(xxx-xxx-xxxx)</small></p> <p>Fax: <input style="width: 60%; height: 20px;" type="text"/></p> <p>E-mail Address: <input style="width: 90%; height: 20px;" type="text"/></p>	<p>Send payments to:</p> <p>Trade Name (DBA): <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>Address: <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>Address2: <input style="width: 90%; height: 20px;" type="text"/></p> <p>City: <input style="width: 90%; height: 20px;" type="text"/> *</p> <p>State: <input style="width: 15%; height: 20px;" type="text"/></p> <p>Zip: <input style="width: 60%; height: 20px;" type="text"/> *</p> <p>Contact Name: <input style="width: 90%; height: 20px;" type="text"/></p> <p>Contact Phone: <input style="width: 60%; height: 20px;" type="text"/> * <small>(xxx-xxx-xxxx)</small></p> <p>Fax: <input style="width: 60%; height: 20px;" type="text"/></p> <p>E-mail Address: <input style="width: 90%; height: 20px;" type="text"/></p>
---	---

Substitute W-9 Information:

<input type="checkbox"/> Individual	SSN <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Sole Proprietorship	Name of owner as known to Social Security Administration: <input style="width: 150px;" type="text"/> SSN (Social Security Number) of owner (No dashes, e.g. 123456789): <input style="width: 100px;" type="text"/> or <input style="width: 100px;" type="text"/> TIN TAXPAYER
<input type="checkbox"/> Partnership <input type="checkbox"/> Provider of Medical Services <input type="checkbox"/> Corporation <input type="checkbox"/> Federal Government Entity <input type="checkbox"/> Local or State Government Entity <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Business (Not Incorporated)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> Legal name of business as registered with IRS <input style="width: 250px; height: 25px;" type="text"/> TIN (Taxpayer Identification Number) (No dashes, e.g. 123456789) <input style="width: 250px; height: 25px;" type="text"/> </div> </div>

Business Classification Type (Check ALL that apply): (See definitions below)					
<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Minority Owned Business *	<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Federal Small Disadvantaged	<input type="checkbox"/> Other

Small, Woman-Owned, and Minority-Owned (SWAM) Businesses must be certified by the Virginia Department of Minority Business Enterprise (VDMBE). We urge firms to apply for certification at <http://www.dmb.e.state.va.us/services.html>.

Minority Owned Business Enterprise:

A business concern with at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals.

Small Business Enterprise:

“Small business enterprise” shall mean an independently owned and operated business which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. Nothing in this provision prevents a program, agency, institution or subdivision from complying with the qualification criteria of a specific state program or a federal guideline to be in compliance with a federal grant or program.

Women Owned or Controlled Business

A “Women Owned or Controlled Business” is a business enterprise at least 51% of which is owned by women or in the case of a publicly owned business at least 51% of the stock of which is owned by women. (Minorities should report as minority business rather than Women Owned).

Small Disadvantaged Business

Business that is at least 51 percent owned and controlled by socially and economically disadvantaged U.S. citizens and shows potential for success. Companies are certified by the Small Business Administration under Section 8(a) of the Small Business Act.

Certification: Under penalties of perjury, I certify that:

- (1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me) **and**
- (2) The organization entity and all other information provided is accurate, **and**
- (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

You must cross out item (3) above if IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Submitter information:

Name: * Title:

Phone : * (xxx-xxx-xxxx) Email Address:

Complete the information below and fax to 804-827-0490 or mail to PO Box 980327, Richmond, VA. 23298-0327.

Authorized Signature

Title

Print Name

Phone

Date