



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, 507 George 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)

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

Check appropriate box(es) below.

| | | |
|---|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Minority Owned | <input type="checkbox"/> HUB Certified |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Women Owned | <input type="checkbox"/> Commodity |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Disabled Owned | <input type="checkbox"/> Services |
| <input type="checkbox"/> Federal or State Gov. Agency | <input type="checkbox"/> Disabled Business Enterprise | <input type="checkbox"/> STC |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> 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

Telephone Number

Remittance Address

City County State Zip

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person

Signature of U.S. Person _____ Date _____

Clear Form