



## Supplier Information (FEIN) Form

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

Company acronym/DBA: \_\_\_\_\_

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

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

City, state, zip code: \_\_\_\_\_

Toll free phone: \_\_\_\_\_

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

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

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

MSU customer number: \_\_\_\_\_

### Purchase orders and requests for quotations

Company name: \_\_\_\_\_

### Remittance, checks, payments (as on invoice)

Company name: \_\_\_\_\_

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

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

City, state, zip code: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

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

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

Contact name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

### Payment terms

2.75%10NET30       NET30

### Foreign supplier operating in the U.S. (check one):

Other (please specify): \_\_\_\_\_

- U.S. subsidiary of foreign entity (W-9 to be completed)
- U.S. branch of foreign entity (W-8 ECI, W-8 BEN, W-8 BEN-E, or other W-8 to be completed)

Does your firm accept credit cards?

Yes

No

### OPTIONAL, FOR REPORTING PURPOSES ONLY

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

<input type="checkbox"/> African/Black American	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Asian
<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled veteran	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> HubZone (location)	<input type="checkbox"/> Native Hawaiian or other Pacific Island	<input type="checkbox"/> Small Business
<input type="checkbox"/> Small Disadvantaged Business or 8(A)	<input type="checkbox"/> Veteran	<input type="checkbox"/> Woman