



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: _____

Address: _____

City, state, zip code: _____

Country: _____

Contact name: _____

Email address: _____

Phone: _____

Remittance, checks, payments (as on invoice)

Company name: _____

Address: _____

City, state, zip code: _____

Country: _____

Contact name: _____

Email address: _____

Phone: _____

Payment terms

☐ 2.75%10NET30 ☐ NET30

☐ Other (please specify): _____

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

☐ 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):

☐ African/Black American

☐ American Indian or Alaskan

☐ Asian

☐ Disabled

☐ Disabled veteran

☐ Hispanic or Latino

☐ HubZone (location)

☐ Native Hawaiian or other Pacific Island

☐ Small Business

☐ Small Disadvantaged Business or 8(A)

☐ Veteran

☐ Woman