

MSU**Vendor Information Form (VI)**

Murray State University
 Procurement Services
 200 General Services Bldg
 Murray, KY 42071

Phone: (270) 809-4057
 Fax: (270) 809-3408
 E-Mail: gena.wilson@murraystate.edu

Murray State University requires a Federal Tax Identification Number or Social Security Number for all vendors doing business with the university in order to comply with federal regulations and tax reporting requirements.

To ensure you or your company remain in our active vendor file, please complete this form and return to the address listed above or fax this form to (270) 809-3408. **Timely return of this form will assist Murray State University in processing payments to you more efficiently and without a reduction in your invoice amount for tax withholdings.**

Thank you for your continued and valuable service you have provided to the university, and we look forward to future business with you.

NOTE: All information is required to have active vendor status with Murray State University

Company or Individual Name: _____

If DBA, please list name: _____

Entity Type (choose one): Individual Partnership Non-Profit
 Sole Proprietor Corporation Other-Specify:

Taxpayer Identification Type: Social Security Number
 (Choose and complete one) Employer ID Number _____

Order From Address:

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Extension _____

Contact E-Mail _____

Fax _____

Remit To Address:

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Extension _____

Contact E-Mail _____

Fax _____

Payment Terms: Standard Terms: Net _____ Time Discount Terms: Net _____ % _____ days

Commodity Type: _____

Business Classification: Small Business Large Business
 (choose one) Disadvantaged Small Business Disadvantaged Large Business
 Woman Owned Small Business Woman Owned Large Business
 Disadvantaged Woman Owned Small Business Disadvantaged Woman Owned Large Business
 Other-Specify:

Certification: I hereby certify, under penalties of perjury, that the number shown on this form is my correct taxpayer identification number or I am awaiting a number to be issued to me.

Printed Name _____

Signature _____

Date _____