



# Vendor Information (VI) Form

**Procurement Services**  
**200 General Services Building**  
**Murray, KY 42071-3368**

**Phone: (270) 809-4048**

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Murray State University requires a Federal Employer Identification Number (EIN) or Social Security Number (SSN) for all vendors conducting business with the University in order to comply with federal regulations and tax reporting requirements.

To add yourself or your company to our accounts payable system **or** make an update to your information, please complete and return this form to the address or fax listed above. Records are only removed for inactivity after three years. Timely return of this form will assist MSU in processing payments more efficiently and without a reduction in your invoice amount for tax withholdings. Please type or print legibly and sign at bottom.

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

**Company/Individual Name:** \_\_\_\_\_  
**If DBA, please list name:** \_\_\_\_\_

**9 Digit Taxpayer Number:** \_\_\_\_\_ **Employer ID Number:** \_\_\_\_\_ (EIN)

*(check and complete only one type)* **Social Security Number:** \_\_\_\_\_ (SSN)

Check appropriate box for federal tax classification of the person or company whose name is entered above. **Check only one of the following seven boxes.**

Individual/Sole proprietor of single-member LLC

C Corporation

S Corporation

Partnership

Trust/Estate

Limited Liability Company: Enter the tax classification  \_\_\_\_\_

(C= C Corporation, S=S Corporation, P=Partnership)

**Note:** Check the appropriate box above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the box for the tax classification of its owner.

Other: \_\_\_\_\_

**Send Purchase Orders To:**

*(Business or physical address)*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Send Payments To:**

*(Remit to address, must match invoice)*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Vendor Contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Extension \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax \_\_\_\_\_

**Payment Terms:**

Standard Terms:

Net \_\_\_\_\_

Time Discount Terms:

Net \_\_\_\_\_

% \_\_\_\_\_

days \_\_\_\_\_

**Business Classification:**

*(check only one type)*

Small Business

Large Business

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 federal taxpayer identification number (or I am awaiting a number to be issued to me) **and** I am not subject to backup withholding.

Printed Name & Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_