



Purchase Order Vendor Information

Existing Vendor Number (if you know it) _____ Date _____
(7 or 9 digits)

Name *(Please print)*

For a Business:

Legal Name _____
(as it appears on your Tax Return)

DBA Name _____
(if applicable)

For an Individual:

Legal First Name _____
(as it appears on your Tax Return)

Legal Last Name _____
(as it appears on your Tax Return)

Business Type *(Check all that apply.)*

- Corporation
 Sole Proprietor
 Partnership
 Individual
 Healthcare Services
 Government Agency
 Estate/Trust
 Legal Services
 Tax Exempt/Charitable Organization
 Limited Liability Company
 Subsidiary
 Parent Company: _____

Mail Purchase Orders To:

Mail Payments To:

City _____ State _____ Zip _____
Province _____ Country _____
Duns Number _____
Attention To _____
Web Page _____
Phone _____ FAX _____
Email Address _____

City _____ State _____ Zip _____
Province _____ Country _____
Duns Number _____
Attention To _____
Web Page _____
Phone _____ FAX _____
Email Address _____

Products or Services your company sells: _____

Do you provide any of the following services? Check all that apply.

- Legal Services
 Medical/Healthcare Services
 Catering Services

Are you a caterer or do you come on campus to provide service? Yes No
(If so, you need to provide a certificate of insurance along with this form.)

Contact Information

Sales Contact Name _____ Phone _____ Email _____

Address _____

A/R Contact Name _____ Phone _____ Email _____

Address _____

Invoicing & Payment Information

Are you willing/able to do electronic invoicing in CXML format? *(This does not mean emailing invoices.)*

Yes No

Are you able to accept Electronic Payments via ACH *(Automatic Clearinghouse)?*

Yes No *(If yes, please follow the directions on the ACH Self Enrollment instructions.)*

Contact Information for e-invoicing:

Name _____

Phone _____

Email _____

What is your preferred method of receiving purchase orders? *(Check all that apply)*

CXML transmission

FAX

Email

US Mail

Supplier Diversity Information

[Check all that apply. Note: You will need to sign this form (see Signature section below). You will also need to re-certify annually to maintain your status as a small or diverse supplier.]

Small Business

Minority Owned

Woman Owned

Small Disadvantaged Business

Veteran Owned

Disabled Veteran Owned

Hub Zone

8(A)

Disabled

Signature

If you are certifying your supplier diversity classification, you must sign, date, and print this form. Then FAX or mail the form, along with your W-9 and insurance certificate (if applicable), to the Office for Supply Management Services at the address listed on page 3.

Certified by:

Name _____ Date _____
(Please print)

Signature _____ Title _____

Other names by which your business is known: _____

Credit Card Information

Caution: This is not an indication that Cornell will pay you via credit card; certain goods and services are only paid for through the purchase order process.

Credit cards accepted? Yes No

Enter your four digit Merchant Category Code(s) _____
(If you do not know your merchant category codes, you can get them from your bank.)

Vendor name as it will appear on your credit card statement: _____

Insurance Information (if applicable)

Contact Name for Insurance at your Company _____ Contact Phone # _____

Conflict of Interest

A conflict of interest may exist when a Cornell employee and/or his or her spouse or emancipated minor children has a connection to the above referenced vendor, and a reasonable person would think this relationship would compromise the competitive process.

Does any individual employed by Cornell have a significant interest in your business? Yes No

If conflict of interest is indicated, please complete the following:

Cornell Employee's Name _____ Phone _____

Your Relationship to Employee _____

Notes:

1. Cornell's preferred method of payment is via ACH.
2. FAX or mail your W-9 to Cornell University. *For security reasons, **do not email your W-9 to us.***
3. FAX, email or mail this form to Cornell University.
4. **Caterers:** FAX, email or mail your certificate of insurance and an off-site catering license/permit issued by the Tompkins County Health Department. Please refer to our web site for additional insurance requirements:

<http://www.dfa.cornell.edu/dfa/supply/forsuppliers/insurance.cfm>

5. **All other vendors:** If you need to provide Cornell University with a certificate of insurance and have not done so, one will be requested from you before we set you up in our vendor database.
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Contact Information:

**Cornell University
Office for Supply Management Services
395 Pine Tree Road, Suite 330
Ithaca, NY 14850**

**P: 607-255-3804
F: 607-255-9450
Email: CUSMS@cornell.edu**
