

The George Washington University Supplier Registration Form

1. BUSINESS NAME					
NAME			FEDERAL TAX ID OR SSN	DUNS NUMBER	
ADDRESS		CITY		STATE	ZIP
TELEPHONE	FAX	URL/WEB ADDRESS			
FULL IRS NAME		PRESIDENT/CEO		EMAIL	
SALES CONTACT NAME		TELEPHONE	FAX	EMAIL	

2 REMIT TO ADDRESS (LEAVE BLANK IF SAME AS 1.)					
COMPANY NAME		ACCOUNTS RECEIVABLE CONTACT			
ADDRESS		CITY		STATE	ZIP
EMAIL ADDRESS TO SEND PURCHASE ORDERS		TELEPHONE	FAX	EMAIL ADDRESS OF CONTACT PERSON	

IF SUPPLIER HAS ADDITIONAL SITES, PLEASE PROVIDE AS AN ATTACHMENT TO THIS FORM.

3. DOES YOUR COMPANY HAVE A PARENT COMPANY? IF YES, STATE:					
NAME			FEDERAL TAX ID OR SSN	DUNS NUMBER	
ADDRESS		CITY		STATE	ZIP

4. DOES YOUR COMPANY OR ANY OF ITS AFFILIATES CURRENTLY DO BUSINESS WITH US UNDER A DIFFERENT NAME? IF SO, INDICATE BELOW:					
NAME			FEDERAL TAX ID OR SSN	DUNS NUMBER	
ADDRESS		CITY		STATE	ZIP

5. TYPE OF ORGANIZATION		6. SIZE / STATUS	
Government Agency	Foreign Corporation	RECOGNIZED SMALL/MINORITY/DISADVANTAGED BUSINESS?	WOMAN OWNED?
Individual	Foreign Government Agency	African American	Hispanic American
Partnership	Foreign Individual	Native American	Pan Asian American
Corporation	Foreign Partnership	Vietnam Veteran	Disabled Veteran
Tax-Exempt Organization		Disabled	Non-minority Woman
Provide DC LSDBE Certification # (if applicable)		If small/minority business, name of organization that certified your company	
		Certification number (please provide copy of certification)	

7. TYPE OF SERVICES PROVIDED – 1099 REPORTING (CHECK ALL THAT APPLY)			
LEGAL SERVICES (MISC14)	HEALTHCARE SERVICES (MISC6)	INDIVIDUAL (NON-CORP) SERVICES (MISC 7)	RENT (MISC 1)

8. PAYMENT INFORMATION			9. PAYMENT METHODS ACCEPTED CHECK ALL THAT APPLY	
(The George Washington University prefers standard terms of 2%10-Net 30)			If you wish to participate in GW's electronic debit program, in which payments are deposited directly to your financial institutions' account, please complete the form found at this link http://www.gwu.edu/~supchn/DirectDepositForm.pdf	
2% 10 – Net 30	NET 15	OTHER		
			ACH	
			Check	
			MasterCard	

10. ORGANIZATION APPROVAL			11. GW USE ONLY
Signature of Authorized Representative _____ Title _____ Date _____			W9 Received
			Registration Packet Complete
			ACH Form Received