

# UNIVERSITY OF NORTHERN IOWA SUPPLIER INFORMATION FORM

**INSTRUCTIONS:** Please provide all information (typed or clearly printed) as requested in the spaces provided. The IRS requires that you provide information which will allow us to complete 1099 reporting. Your payments may be subject to **backup withholding** if you fail to provide a correct Taxpayer Identification Number and tax reporting address.

**Individual/Sole Proprietor Name:** \_\_\_\_\_  
(MUST provide SSN below) First Middle Last

Are you an International person providing services in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Visa type \_\_\_\_\_  
and contact Office of Business Operations to provide international documentation: payables@uni.edu or (319)273-2162

**Company or Business Name:** \_\_\_\_\_  
dba if applicable: \_\_\_\_\_

**Federal ID # (FEIN):** \_\_\_\_\_ **SSN or TIN:** \_\_\_\_\_  
format: xx-xxxxxxx format: xxx-xx-xxxx

(Sole proprietors and individuals **MUST** provide SSN/TIN)

Remit to Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Order Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Remit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ A/R Fax: \_\_\_\_\_

**Type of Organization:** (check all that apply)

Corporation Date of Inc: \_\_\_\_\_ Which State: \_\_\_\_\_  Partnership  Sole Proprietor  Non-profit  
 LLC All LLC's: Enter tax classification D = disregarded entity, C = Corp, or P = Partnership \_\_\_\_\_  
 Other \_\_\_\_\_

**Payment Terms:** \_\_\_\_\_  
(UNI standard is net 30 for businesses, immediate for individuals/sole proprietors)

## W9 Certification of Supplier Information REQUIRED OF ALL SUPPLIERS

The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further, I affirm that this company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability. I also affirm that the undersigned company is not currently debarred from bidding by any State of Iowa or Federal agency and has not been convicted of any violations of the Federal Anti-Kickback Act.

**W9 Certification:** Under penalty of perjury, I certify that the taxpayer ID number shown on this form is correct. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a US citizen or US person. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment. For IRS W9 instructions, see www.irs.gov.

**Authorized Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIRECT DEPOSIT (ACH) AUTHORIZATION** Complete this section **ONLY** if you want electronic payments.

**AGREEMENT:** I hereby authorize and request the Univ of Northern Iowa to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

a) written authorization to the University, or b) my death or legal incapacity, or c) the financial institution, or d) the University.

**PLEASE READ CAREFULLY. PRINT CLEARLY OR TYPE.**

Name of your Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_  
This is the 9-digit number that identifies your bank. It is located in the bottom left corner of your checks before the colon (:).

**Your Account Number** \_\_\_\_\_  
This number will be everything after the colon (:) minus your check number.

Checking  Savings If you are unsure of the correct Routing and Account number, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**ACH E-MAIL REQUIRED:** \_\_\_\_\_  
Explanation of payments will be sent to this e-mail.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND DATED BY PAYEE OR REPRESENTATIVE.** Signature signifies acceptance of Agreement above.  
**PLEASE RETURN COMPLETED FORM WITH A VOIDED CHECK TO ADDRESS AT BOTTOM OF FORM.**