

<b>UNIVERSITY OF HARTFORD</b>	<b>Vendor Information Form</b> <input type="checkbox"/> New Vendor <input type="checkbox"/> Update Vendor Information	UNIVERSITY USE ONLY Banner Vendor #: _____
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University of Hartford – Purchasing Department 200 Bloomfield Avenue West Hartford, CT 06117	Telephone Number: (860) 768-4007 Fax Number: (860) 768-5452
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Payment terms are Net 30, unless otherwise stated **AND** agreed to by the University.

**Legal Name:** \_\_\_\_\_  
(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business the name of owner of the business is required.)  
Company or Business Name (if different from above): \_\_\_\_\_

Legal Business/Corporate Business Office Mailing Address: Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____	Payment/Remit to Address:    OR <input type="checkbox"/> Same as PO Mailing Address Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____
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Contact Name: _____ E-mail Address: _____ Phone: _____ Fax: _____	Contact Name: _____ E-mail Address: _____ Phone: _____ Fax: _____
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**Vendor Type** (check only one):     Attorney/Lawyer  
 Vendor\*     Rent     Medical & Health Care Service     Product     Reimbursement Only     Dues, licenses, conferences  
\*If "Vendor": Provider of:     Goods     Services     Goods/Services    Type of Services Offered: \_\_\_\_\_

<b>Type of Organization</b> (check only one):	<b>Employer Identification Number:</b>	<b>Social Security Number/ITIN:</b>
<input type="checkbox"/> Individual – US citizen or US permanent resident		
<input type="checkbox"/> Individual – Non-US citizen & non-US perm resident		
<input type="checkbox"/> Limited Liability Corporation		
<input type="checkbox"/> Sole Proprietorship	<b>OR</b>	
<input type="checkbox"/> Partnership – US		
<input type="checkbox"/> Corporation – US (includes 501(c)3 non-profit corp)		
<input type="checkbox"/> Government Agency – US		
Non-US: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Gov Agency		
Exempt Status <input type="checkbox"/> yes <input type="checkbox"/> no		

**Vendor Ownership Type** (please check those that apply):  
Any type of Minority business must be at least 51% owned and controlled by one or more individuals who qualify as minority.

<input type="checkbox"/> Majority	<input type="checkbox"/> Minority	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Other _____
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**Conflict of Interest:**  
 Yes     No    Are you or any Officer, Owner or Partner in this company an employee of the University of Hartford?  
 Yes     No    Are any family member's employees of the University of Hartford? If yes, please state who: \_\_\_\_\_

**Note to Vendors:** You must provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) AND a legal business address that corresponds to the tax identification number given on this form in order for the University to process your payment(s). The University is required by Federal law where applicable to report such payments along with the SSN/FEIN to Federal and State agencies where required by law. Your failure to provide a correct name and Taxpayer Identification Number will subject your payments to federal income tax withholding. Please attach a W-9.

I Certify that I have examined this form and determined to the best of my knowledge, the information provided is complete and accurate.

Name of Company Representative completing form (print name and title):	Telephone #:
Authorized Company Representative (Signature):	Date: