

Syracuse University
VENDOR APPLICATION

IMPORTANT: This application must be completed in its entirety. Additionally, applicant is required to provide a **W-9/W-8 B-ENE** (REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION) form. Any data left blank or not provided may result in delays processing your application.

SECTION 1 – LEGAL NAME OF FIRM OR CORPORATION (All fields required)							
Syracuse University Vendor #				Customer # for Syracuse University			
Company Name 1							
Company Name 2, dba, Division, Subsidiary, etc.							
SECTION 2 – ADDRESSES (All fields required)							
2A – PURCHASE ORDER ADDRESS				2B – INVOICES/PAYMENT ADDRESS			
Address 1				Address 1			
Address 2				Address 2			
City		State		City		State	
Zip Code		Country		Zip Code		Country	
Telephone		Extension		Telephone		Extension	
Toll Free				Toll Free			
Fax				Fax			
Website				Website			
Email				Email			
Contact				Contact			
Title				Title			
Email				Email			
2C – BID REQUEST ADDRESS				2D – RETURN ITEMS ADDRESS			
Address 1				Address 1			
Address 2				Address 2			
City		State		City		State	
Zip Code		Country		Zip Code		Country	
Telephone		Extension		Telephone		Extension	
Contact				Contact			
Title				Title			
Email				Email			

SECTION 3 – COMPANY INFORMATION (All fields required)

3Aa – COMPANY STRUCTURE		3B – IF INCORPORATED	
<input type="checkbox"/> Individual/Sole Proprietor (If you are operating as a sole proprietor, please provide your Social Security Number.)	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Other: (If you are operating under any of the statuses listed above, you must provide your Federal Identification Number.)	State Incorporated	
		Incorporation Date	
		3C - Total # of Employees	
		3D – ANNUAL GROSS RECEIPTS	
		<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000 - \$1 Million <input type="checkbox"/> \$1 Million - \$2 Million	<input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million or more <input type="checkbox"/> Over \$20 Million

3E – Designation Group (Check all that apply)

<input type="checkbox"/> Large Business (010)	<input type="checkbox"/> Small Business (020)	<input type="checkbox"/> Disabled (040)	<input type="checkbox"/> Woman owned (050)	<input type="checkbox"/> Minority (060)
<input type="checkbox"/> LGBTQ (127)	<input type="checkbox"/> HUBZONE (090)		<input type="checkbox"/> Veteran Owned (125)	

3F – CERTIFICATION/CERTIFICATION NUMBER (Check all that apply)

<input type="checkbox"/> State of New York	<input type="checkbox"/> MBE	#	Begin Date:	End Date:
<input type="checkbox"/> State of New York	<input type="checkbox"/> WBE	#	Begin Date:	End Date:
<input type="checkbox"/> State of New York	<input type="checkbox"/> SDVOB	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> MBE	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> WBE	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> SDVOSB	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> VOSB	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> 8(a)	#	Begin Date:	End Date:
<input type="checkbox"/> Federal Government	<input type="checkbox"/> HUBZONE	#	Begin Date:	End Date:
<input type="checkbox"/> City of Syracuse	<input type="checkbox"/> MBE	#	Begin Date:	End Date:
<input type="checkbox"/> City of Syracuse	<input type="checkbox"/> WBE	#	Begin Date:	End Date:
<input type="checkbox"/> City of Syracuse	<input type="checkbox"/> SDVOB	#	Begin Date:	End Date:

SECTION 5 – APPLICATION COMPLETED BY

Please provide the name, telephone and email address of the person who completed this application.

Name			
Telephone		Email	

PLEASE RETURN TO: Syracuse University, Purchasing Department, Vendor Application Form Processing, 640 Skytop Road, Mobile Unit #1, Next to Skytop Office Building, Syracuse, New York 13244-5300 or VIA email at: purchase@syr.edu