Syracuse University Procurement Office

Syracuse, New York

SUPPLIER 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 Number		DUNS Number	
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**	
☐ Individual/Sole Proprietor (If you are operating as a sole proprietor, please provide your Social Security Number.)	☐ Corporation ☐ LLC ☐ Non-Profit Organization ☐ Partnership ☐ 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	
		☐ Less than $500,000 ☐ $500,000 - $1 Million ☐ $1 Million - $2 Million	☐ $2 Million - $5 Million ☐ $5 Million or more ☐ Over $20 Million

3E – Designation Group (Check all that apply)

☐ Large Business (010)	☐ Small Business (020)	☐ Disabled (040)	☐ Woman owned (050)	☐ Minority (060)
☐ LGBTQ (127)	☐ HUBZONE (090)		☐ Veteran Owned (125)	

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

☐ State of New York	☐ MBE	# _____	Begin Date: _____	End Date: _____
☐ State of New York	☐ WBE	# _____	Begin Date: _____	End Date: _____
☐ State of New York	☐ SDVOB	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ MBE	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ WBE	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ SDVOSB	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ VOSB	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ 8(a)	# _____	Begin Date: _____	End Date: _____
☐ Federal Government	☐ HUBZONE	# _____	Begin Date: _____	End Date: _____
☐ City of Syracuse	☐ MBE	# _____	Begin Date: _____	End Date: _____
☐ City of Syracuse	☐ WBE	# _____	Begin Date: _____	End Date: _____
☐ City of Syracuse	☐ 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, Procurement Office, Supplier Application Form Processing, 640 Skytop Road, Suite 120, Skytop Office Building, Syracuse, NY 13244-5300 or via email at: Procurement@syr.edu