



Vendor ID in Banner (office use only):

<input type="checkbox"/> New Vendor	<input type="checkbox"/> Vendor Update	Doing business with _____ Department
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Company/Individual Name on IRS Record

Company DBA Name -
Payments will be made payable to this name

Contact Name

[PR/PO]Primary Business Address/Purchase Order Information	Phone	Fax
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(PO Box or Street, City, State, 9-Digit Zip)	E-Mail Address and/or Company Website
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[RE]Remit To Information <i>If different from above. Mailing address for checks & 1099 rptg</i>	Phone	Fax
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(PO Box or Street, City, State, 9-Digit Zip)	E-Mail Address
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<p>IRS Tax Classification (Check all that apply)</p> <p>[IS] <input type="checkbox"/> Individual/Sole Proprietor or Single-member LLC</p> <p>[CP] <input type="checkbox"/> Corporation (C or S)</p> <p>[PR] <input type="checkbox"/> Partnership</p> <p>[LL] <input type="checkbox"/> Limited Liability Entity. MUST choose one of the following: _____ (C=C corporation, S=S corporation, P=Partnership)</p> <p><i>Note: Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes.</i></p> <p>[OT] <input type="checkbox"/> Other <input type="checkbox"/> Not for Profit <input type="checkbox"/> Government Entity <input type="checkbox"/> Trust/estate</p>	<p>Check all that apply: <i>If certified, please attach copy of certification with this form</i></p> <p>[SM] <input type="checkbox"/> Small business/Small Disadvantaged Bus.</p> <p>[WO] <input type="checkbox"/> Woman-Owned Business Enterprise (WBE)</p> <p>[MN] <input type="checkbox"/> Minority-Owned Business Enterprise (MBE)</p> <p>[MO] <input type="checkbox"/> Missouri Certified (MBE / WBE / DBE)</p> <p>[VO] <input type="checkbox"/> Veteran-Owned/Disabled Veteran Small Bus.</p> <p>Select Income Type, if applicable:</p> <p>[MD] <input type="checkbox"/> Physician or Medical/Health Provider</p> <p>[AT] <input type="checkbox"/> Attorney or Legal Firm</p> <p>[FB] <input type="checkbox"/> Missouri Non-Resident Entertainer as</p>
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Select if you maintain a regular place of business in the state of Missouri

[MF] Missouri Firm

Determined by (office use only): University Dept: _____ Staff Initials: _____

Part I: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name above to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number (SSN)	Employer Identification Number (EIN)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part II: Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

For additional information refer to the website link below: www.irs.gov and go to Form W-9

Signature of U.S. Person:	Date:
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Printed Name:	Title:
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VISA PAYABLES ENROLLMENT FORM

PAYMENT TENDER: Missouri State University's preferred method of payment is by Visa Credit Card. Adoption of this method will provide suppliers with the following benefits.

1. Accelerated payment and improved cash flow.
2. Reduced paperwork and streamlined accounts receivables process.
3. Real-time notifications for each card payment.
4. No changes or modifications to your existing card acceptance procedures.

What to expect when signing up for our Visa Payables program:

1. You will receive 2 emails from notifications@visapayablesautomation.com
 - a. Notice of security question, which is your company's Zip. The same Zip entered in the remittance address section below.
 - b. Email providing you with the zip code on file with Visa Payables.
2. When MSU is ready to process a payment, you will receive an automated remittance notification:
 - a. Click the link in the email.
 - b. Provide last 4 of card account: listed in the email.
 - c. Provide your 5 digit zip code entered below.
 - d. The website will provide you with the full 16 digit card number.
3. You may retain this 16 digit card number in a secure location for future payments from Missouri State University.

Company Name:		
Remittance Address:		
City	State	Zip
Accounts Receivable Department Information		
Name:		Title:
Phone:	Email:	
Payment Notification Email:		
<i>This email will receive notice when Missouri State University has made payments and the credit card on file can be processed.</i>		
CVV2 Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>What is the CVV2 value? Proof that the credit card is in the right hands – The 3-digit security code shown on the back of a Visa card lets suppliers know that the card is in the right hands when the customer is not present during the transaction. The supplier's Point-of-Sale device/software may require this value to be entered.</i>		
Signature of authorized company representative		Date
By signing this form, you are authorizing Missouri State University to pay invoices by credit card.		

For questions about VISA Payables Automation program, enrollment support or payment status please contact
Accounts Payable at 417-836-4560.

Please complete this form, sign and email to: VendorRegistration@MissouriState.edu