



Vendor Registration Form and Substitute W-9

Vendor ID in Banner (office use only)

___ New Vendor ___ Vendor Update Doing business with ___ Individual

Are you an employee or related to an employee of the University? YES or NO

If YES, state relationship

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

E-Mail Address

PO Box or Street

Company Website

City State Country Zip

[RE]Remit To Information

Phone

E-Mail Address

If different from above. Mailing address for checks & 1099 rptg

PO Box or Street

City State Country Zip

IRS Tax Classification (Check all that apply)

[IS] ___ Individual/Sole Proprietor or Single-member LLC

[CP] ___ Corporation (C or S)

[PR] ___ Partnership

[LL] ___ Limited Liability Entity. MUST choose one of the following: ___

(C=C corporation, S=S corporation, P=Partnership)

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.

[OT] ___ Other ___ Not for Profit ___ Government Entity ___ Trust/estate

Select Income Type, if applicable:

[MD] ___ Physician or Medical/Health Provider

[AT] ___ Attorney or Legal Firm

[FB] ___ Missouri Non-Resident Entertainer as

Select if you maintain a regular place of business in the state of Missouri

[MF] ___ Missouri Firm

Select if you are certified as a Service-Disabled Veteran Business Enterprise (SDVE):

(If certified, attach a copy of certification with this form)

[VO] ___ Service-Disabled Veteran Business

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). International entities who do not have a US TIN, will also need to provide the appropriate W-8.

Social Security
Number (SSN)

Employer Identification
Number (EIN)

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 Entity:

Date:

Printed Name:

Title:

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. The credit card information will remain the same for your account. The limit will be temporarily increased to process payments.
4. This payment option is not available for international entities.
5. **Vendor will be responsible for the credit card convenience/surcharge fees.**
6. Payments will be made via Visa Payables credit card irrespective of the dollar amount

Company Name:			
Remittance Address:			
City	State	Zip	Country
Accounts Receivable Department Information			
Name:			
Phone:	Email:		
Payment Advice 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		____ YES ____ NO	
What is the CVV2 value? <i>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 'Visa Payables' credit card			

For questions about VISA Payables Automation program, enrollment support or payment status please contact

Procurement Services at 417-836-4670

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