

New Vendor Information Form

Dartmouth College - Supplier Classification Form Procurement Services

For Internal Use Only – Vendor Number _____

Business Classification

of employees: _____

(If you have received government certification for your classification, please forward a copy of your certificate)

Small Disadvantaged Business	_____	Asian American Owned Business	_____
Certified Woman Owned Business	_____	Asian Indian Owned Business	_____
Hubzone Small Business	_____	Asian Pacific Owned Business	_____
Veteran Owned Small Business	_____	Hispanic Owned Business	_____
Service Disabled Veteran Small Business	_____	Native American Owned Business	_____
Disabled Owned Business	_____	African American Owned Business	_____

Financial Information

Tax Payer Identification #: _____ DUNS# _____

Tax Payer Status -please check the appropriate status

Individual	_____	Corporation	_____
Sole Proprietor	_____	Tax Exempt Entity	_____
Partnership	_____	Other (please explain)	_____

Central Order Location Information

Legal Company Name: _____

Order Address: _____ Remittance Address: _____

City: _____ City: _____

State: _____ State: _____

Zip Code: _____ Zip Code: _____

Phone Number: _____

Facsimile Number: _____

Email for purchase order transmission: _____

Contact Name (Optional): _____

Does your company accept Visa / MasterCard as a form of payment: _____ (Y/N)

Terms of Sale

Cash Discount Terms: _____ Freight Terms (FOB): _____

Is your company currently named on the list of Federal Debarred Suppliers? _____ (Y/N)

Authorized Representatives Signature

I hereby certify that the above information is accurate to the best of my knowledge.

(Authorized Signature) (Print Name) (Date)