

Vendor ID Form

Note: Before completing this form, search for the vendor number by using the Federal Employment ID (FEIN)

BSU

NTC

New Vendor

Vendor# _____

Change of Address

Change of TIN can not be completed on this form. Contact the Business office for assistance.

Change of Name can not be completed on this form. Contact the Business office for assistance.

Date: _____
BSU/NTC Staff name: _____
Phone#: _____

Vendor name (Complete): _____
Vendor general address: _____

Remit to address (if different than above): _____

*Vendor Telephone Number: _____
Fax Number: _____

*Contact Person: _____

*Vendor Email: _____

*Federal Tax ID# Or SSN (9 digits): _____

State Tax ID# (*Required for MN vendors only, 7 digits): _____

County (Required for MN vendors only): _____

*Describe the purpose a vendor number is needed: _____

*W-9 requirement (all new vendor #s) - IRS Link: <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

***Required Items**

Send completed form to: BSU Accounting Services #5

Accounting Services Office use only:

Company and/or Individual:

Does vendor already exist, Verify using FEIN _____

If so, verify address information, etc... _____

Foreign Company and/or Individual:

Does vendor already exist, Verify using name _____

Individual – Is services being provided by vendor, Yes or No _____

If yes, are services being performed in the USA and/or out of country _____

Individual:

Current Enrolled Student (A/R), Yes or No _____ If yes, a new vendor number cannot be issued

Active State Employee (Payroll), Yes or No _____ If yes, a new vendor number cannot be issued

Accounts Payable: _____ Date: _____

Accounting Services (Secondary Approval): _____ Date: _____