

## Accounts Payable Registration Form

**Purpose:** To establish or update a vendor account with Alfred University. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and Alfred University requirements for vendor establishment.

### Vendor Information

<b>Legal Name as Registered with the IRS</b>		<b>Trade/DBA/Other Name</b>	
<input type="checkbox"/> <b>Employer Identification Number (EIN)</b>		OR	<input type="checkbox"/> <b>Social Security Number:</b>
<b>Type of Organization</b>	<input type="checkbox"/> Profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Other-Please Explain:		
<b>Legal Entity</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP		
<b>Vendor Contact Name</b>		<b>Email</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Payment Terms/Discount</b>			
<b>Contact for Direct Deposit Advice</b>		<b>Email</b>	
<b>Banking Information</b>	<b>Routing Number</b>	<b>Bank Name</b>	
	<b>Account Number</b>	<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Legal Mailing Address</b>	<b>Line 1</b>	<b>Phone</b>	
	<b>Line 2</b>	<b>Fax</b>	
	<b>City, State, Zip</b>	<b>Email</b>	
<b>Ordering Address, if different than Legal</b>	<b>Line 1</b>	<b>Phone</b>	
	<b>Line 2</b>	<b>Fax</b>	
	<b>City, State, Zip</b>	<b>Email</b>	
<b>Remit to Address, if different than Legal</b>	<b>Line 1</b>	<b>Phone</b>	
	<b>Line 2</b>	<b>Fax</b>	
	<b>City, State, Zip</b>	<b>Email</b>	

**Invoices must be sent directly to: Alfred University, Attn: Accounts Payable, 1 Saxon Drive, Alfred, NY 14802  
Email: [businessofc@alfred.edu](mailto:businessofc@alfred.edu) or Fax: 607-871-2119**

**If 'Individual' entity selected above:**

**All other vendors:**

Only page 1 of this 2-page form is required. Sign and date the **Certifications** section below, and submit to the Business Office, Fax 607-871-2119.

Complete both pages of this 2-page form. Sign and date the **Certifications** section below. Failure to complete all sections could result in payment delays.

### Certifications

Under penalties of perjury, I certify by signing below 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.

Furthermore, I understand that any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, women-owned, or Veteran or Service-Disabled Veteran-Owned Small Business concern in order to obtain a contract awarded under the Small Business Act shall:

- (1) be punished by imposition of fine, imprisonment, or both;
- (2) be subject to administrative remedies including suspension and debarment; and,
- (3) be ineligible for participation in programs conducted under the Authority of the Act.

Signature

Date

## Accounts Payable Registration Form

### Business Classification & Diversity Information

*All vendors (except those choosing 'Individual' on Page 1) must select either "Large Business Concern" (LBC) or "Small Business Concern" (SBC) from the options below. Additionally, all vendors should select any sub-classifications that apply; multiple sub-classifications may be appropriate. Failure to complete this section of the Alfred University W-9 could result in payment delays.*

**Large Business Concern**

*Dominant in field of operations per Federal Acquisitions Circular (FAC 9.201)*

**Small Business Concern (SBC)**

*Independently owned and operated, and meets industry size and receipt requirements for small businesses per SBA 13 CFR 121. Section 3 of the Small Business Act.*

### Sub-classifications: (select all that apply)

**Minority-Owned Business Enterprise (MBE)**

*Minimum 51% owned, controlled and operated day-to-day by one or more minority individuals; includes the following categories:*

- African American                      ● Hispanic American
- Asian-Pacific American              ● Asian-Indian American
- Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

**Small Disadvantaged Business (SDB)**

*Minimum 51% owned, controlled and operated day-to-day by one or more socially disadvantaged individuals. May be Section 8(a)-certified per 13 CFR 124.1002. Small Disadvantaged Ethnicity definitions include the following categories:*

- African American                      ● Hispanic American
- Asian-Pacific American              ● Asian-Indian American
- Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

**Woman-Owned Business Enterprise (WBE)**

*Minimum 51% owned, controlled by one or more women who have active involvement in day-to-day operations.*

**HUBZone Small Business (HUB Zone)**

*SBA certified; is small and is located in an 'historically underutilized business zone' and is owned, and controlled and operated at least 51% by U.S. citizens and at least 35% of employees reside in HUB zone.*

**Disabled Veteran-Owned Small Business**

*Minimum 50% owned by one or more service-disabled veterans (if publically owned, minimum 50% of stock is owned by one or more service-disabled veterans), and the management and daily business operations of which are controlled by one or more service-disabled veterans (if permanently and severely disabled, by their spouse or primary care giver.)*

**Alaskan Native Corporations (ANCs) & Indian Tribes**

**Remember to sign and date the **Certifications** section on Page 1 before submission.**

Sign and date Page 1, then E-mail completed 2-page form to [businessofc@alfred.edu](mailto:businessofc@alfred.edu), or Fax to 607-871-2119