

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 Name

Change of TIN

Date: _____

BSU/NTC Staff name: _____

Phone#: _____

Vendor name (Complete): _____

Vendor general address: _____

Remit to address (if different than above): _____

*Vendor Telephone#: _____

Vendor Fax#: _____

Contact Person: _____

Email: _____

*Federal Tax ID# (9 digits): _____

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

County (Required for MN vendors only): _____

Social security#: _____

DOB (For individuals using SSN #): _____

*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

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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: _____