LOYOLA
UNIVERSITY MARYLAND

Financial Services
Accounts Payable

Print Form

NEW VENDOR INFORMATION FORM

Vendor instructions: Send completed form to Accounts Payable along with a completed W-9 Form.
(4501 N. Charles St., Baltimore, MD 21210 / fax: 410-617-5741 / email: accountspayable@loyola.edu)

Vendor Information:

Legal Name: _____
If individual, enter last name first.

Trade Name (DBA): _____

Invoicing Name: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Remit To Address:

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Purchasing Address:

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: _____

Fax: _____

Terms:

Standard Payment Terms: _____

Shipping Terms: _____

Type of Organization:

☐ Individual (SSN): _____

☐ Sole Proprietor (Fed ID/SSN): _____

☐ Partnership (Fed ID): _____

☐ LLC (Fed ID): _____

☐ Incorporated Bus (Fed ID): _____

Publicly Traded? ☐ Yes ☐ No

☐ Non-Profit Org (Fed ID): _____

Please indicate your organization's tax status:

☐ 501 (c)(3) ☐ 501 (c)(4) ☐ 501 (c)(6) ☐ 501 (c)(7)

☐ 501 (c)(8) ☐ Not Tax Exempt ☐ Other _____

Business Size and Classification:

Please check either Large or Small to indicate the business size. Then check any relevant classifications of the business.

☐ Large

☐ Small

☐ Disadvantaged ☐ Minority-Owned ☐ Veteran-Owned

☐ Svc Disabled Veteran ☐ HUB Zone

For Minority-Owned Businesses Only:

☐ African American ☐ Native American ☐ Veteran

☐ Latin American ☐ Disabled Veteran ☐ Asian

☐ Other (Specify) _____

Conflict of Interest:

A conflict of interest may exist where a Loyola employee or close relative/family member has a connection to the above business and a third party may consider that this relationship may compromise the competitive process. Does any Loyola employee have a possible conflict of interest with the above business?

☐ Yes ☐ No

If yes, please specify the following:

Loyola Employee Name: _____

Phone Number: _____

Employee's Relationship: _____

Preparer's Information:

I certify that: All responses provided herein, including vendor classifications, are true and accurate. I am not subject to back-up withholding due to failure to report interest and dividend income.

Certified By: _____ Date: _____

Print Name/Title: _____