LOYOLA
UNIVERSITY MARYLAND

VENDOR INFORMATION FORM

Return completed form by fax to Loyola University Disbursements
Fax (410) 617-5741 Attn: _____

SECTION I

DATE

VENDOR/PAYEE NAME (as registered with Internal Revenue Service)

REMITTANCE ADDRESS INFORMATION

Street or P.O. Box:
City:
Province/State:
Mail/Zip Code:
Country:

CONTACT INFORMATION

Contact Name:	Phone: __ __ __ - __ __ __ - __ __ __ __
Email:	Fax: __ __ __ - __ __ __ - __ __ __ __

BUSINESS CLASSIFICATION

Please check if applicable:
- ☐ Small Business
- ☐ Woman Owned Business
- ☐ Physician or Medical/Health Care Provider
- ☐ Attorney or Legal Firm
- ☐ CPA or Professional Accounting Firm
- ☐ Minority Owned Business
  - ☐ Black American
  - ☐ Asian-Pacific American
  - ☐ Subcontinent Asian American
  - ☐ Hispanic
  - ☐ Native American

THIS SECTION COMPLETED BY LOYOLA UNIVERSITY

Approved by: _____ Vendor Number: _____ Date Entered: _____

IRS Tin Matching Completed by: _____(attach confirmation page) MCC Code: _____

SECTION II
PAYMENT TERMS INFORMATION

Cash Discount Terms

Discount: _____ If payment received within: _____ days

No Discount NET due in: _____ days

Other Payment Information

Credit Cards accepted: ☐ Yes ☐ No

Purchase Orders Required: ☐ Yes ☐ No

Are you a current employee of Loyola University? ☐ Yes ☐ No

Are you related to an employee of Loyola University? ☐ Yes ☐ No

Vendor Certification of Payment Information

I certify that the information provided in this Vendor Information Form sections (I) and (II) is true and correct.

_____

Authorized Vendor Signature

_____

Printed Name of Signer

SECTION III
U.S. FEDERAL REGISTRATION INFORMATION

United States Federal Tax ID Number __ __ - __ __ __ __ __ __ __

OR

United States Social Security Number __ __ __ - __ __ - __ __ __ __

Exempt from Backup Withholding ☐ Yes ☐ No

TYPE OF LEGAL ENTITY

Please check:

☐ U.S. Partnership
☐ Individual/Sole Proprietorship
☐ Limited Liability Corporation
☐ U.S. Corporation State Incorporated: _____
☐ U.S. Private Foundation
☐ U.S. 501 Not-for-Profit
☐ Educational Institution
☐ U.S. Other Explain: _____
☐ Foreign Person or Business
Country: _____

Vendor Certification of Tax Information

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for one 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. person (including a U.S. resident alien).

_____ _____

Signature of U.S. Person Date

_____ _____

Printed Name of Signer Telephone Number

SECTION IV
FOREIGN NATIONAL INFORMATION

PASSPORT/VISA INFORMATION

1. Visa Type: check one

- ☐ B-1
- ☐ B-2
- ☐ H-1B
- ☐ TN
- ☐ O-1
- ☐ WB (Visa Waiver for Business)
- ☐ WB (Visa Waiver for Tourism)
- ☐ Canadian Walk-over (No Visa)
- ☐ J-1 Research Scholar
- ☐ J-1 Short Term Scholar
- ☐ J-1 Professor
- ☐ J-1 Student
- ☐ F-1 Student
- ☐ Other, specify: _____

2. Primary purpose /activity of visit: check one

- ☐ Studying in a degree program
- ☐ Studying in a non-degree program
- ☐ Lecturing Professor
- ☐ Consulting
- ☐ Teaching
- ☐ Clinical Activity
- ☐ Performing Research
- ☐ Acquiring Training
- ☐ Temporary Employment
- ☐ Other, specify: _____

3. Country Issuing Passport _____ **4. Passport Number** _____

5. Country of Citizenship _____ **6. Visa Number** _____

VISA IMMIGRATION ACTIVITY (Substantial Presence Test)

1. What is the actual date you entered the U.S.? _____
   month/day/year
2. What is the start date and end date of your primary purpose/activity documented on your current I-20, I-797 or IAP66?

Start Date: _____ End Date: _____
month/day/yea *month/day/year*

Visa Immigration History: Enter your visits to the U.S. for the last 6 calendar years (B-1/WT or B-2/WT Visa Holder does NOT need to complete this section).

Date of Entry	Date of Exit	Visa Type	Primary Purpose/Activity	Did you take treaty benefits?

TAX TREATY EXEMPTION INFORMATION-
Payments to non-resident aliens for services performed or benefits received within the U.S. may be subject to a maximum withholding rate of 30%. If you are a non-resident alien and feel you may qualify for a tax treaty exemption, additional forms must be submitted with this completed Foreign National Information form.