



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:

- | | |
|--|---|
| <input type="checkbox"/> U.S. Partnership | <input type="checkbox"/> U.S. 501 Not-for-Profit |
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> U.S. Other Explain: _____ |
| <input type="checkbox"/> U.S. Corporation State Incorporated: _____ | <input type="checkbox"/> Foreign Person or Business |
| <input type="checkbox"/> U.S. Private Foundation | 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

- | | | |
|-------------------------------|--|---|
| <input type="checkbox"/> B-1 | <input type="checkbox"/> WB (Visa Waiver for Business) | <input type="checkbox"/> J-1 Research Scholar |
| <input type="checkbox"/> B-2 | <input type="checkbox"/> WB (Visa Waiver for Tourism) | <input type="checkbox"/> J-1 Short Term Scholar |
| <input type="checkbox"/> H-1B | <input type="checkbox"/> Canadian Walk-over (No Visa) | <input type="checkbox"/> J-1 Professor |
| <input type="checkbox"/> TN | | <input type="checkbox"/> J-1 Student |
| <input type="checkbox"/> O-1 | | <input type="checkbox"/> F-1 Student |
| | | <input type="checkbox"/> Other, specify: _____ |

2. Primary purpose /activity of visit: check one

- | | | |
|---|---|--|
| <input type="checkbox"/> Studying in a degree program | <input type="checkbox"/> Teaching | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Studying in a non-degree program | <input type="checkbox"/> Clinical Activity | |
| <input type="checkbox"/> Lecturing Professor | <input type="checkbox"/> Performing Research | |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Acquiring Training | |
| | <input type="checkbox"/> Temporary Employment | |

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/year 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.