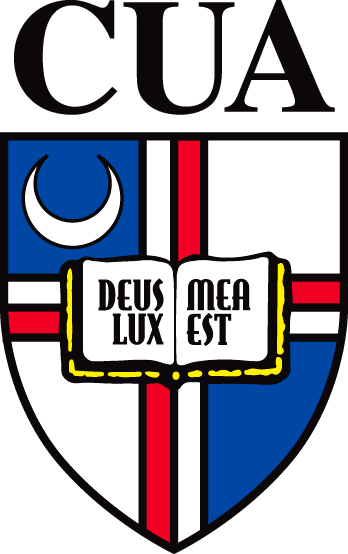
# The Catholic University of America



**Vendor Application Form**

Updated 07/02/13

|  |  |  |
| --- | --- | --- |
| **Please Choose from one of the following:** | External Vendor | CUA Employee/Student |

**CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Business or Payee** (Must match Taxpayer Identification Number information) | | | | | | |
| Address: | | | Federal Tax ID/SSN/ITIN: | | | |
| City: | | | State: | | | Zip: |
| Telephone: | Fax: | | | Web site: | | |
| E-mail: | | Contact Name: | | | Contact Phone #: | |

**TYPE OF ORGANIZATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Partnership | Individual | Sole Proprietor | Corporation | LLC | | LLP |
| Govt. Agency | Foreign Govt. | Foreign Partnership | Foreign Individual | | Foreign Corporation | |

**CLASSIFICATION** (Select all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Small Business Programs: | | Other Preference Programs: | | |
| Small Business Categories: | | Ethnicity: | | |
| Emerging Small Business | Women-Owned Business | | American Veteran | Disabled Veteran |

|  |  |
| --- | --- |
| Certification: | |
| If you select a classification that is certified by a Federal or State agency, you must provide a copy of your **certification** for each certifying  agency along with this application. | |
| SIC CODE: | DUNS#: |

**PAYMENT OPTIONS** (Please Choose ACH or Check)

ACH

Check

**CONFLICT OF INTEREST**

* Are you or any officer, director, owner or partner in this company an employee of The Catholic University of America?
* Is an immediate family member of any of the above an employee of The Catholic University of America? (Immediate Family Member means an Employee's spouse, child (including adopted and step child), parent, parent-in-law, sibling, legal guardian, or household member.)
* Does any University employee have an ownership interest in your firm that exceeds 5%?
* If “Yes” to any of the above, please provide the names of the individuals involved.

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number 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

1. I am a U.S. citizen or other U.S. person.
2. My Organization represents and warrants it has checked the U.S. General Service Administration's (GSA) Excluded Party Listing System (EPLS). The University will terminate any contract without penalty to the university if my organization becomes excluded during the life of any contract.
3. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the

qualified vendor list and any other penalties allowed by Law.

1. The vendor must complete a new form if any vendor information in this form changes.

|  |  |  |
| --- | --- | --- |
| Signature: | | Date: |
| Title: | Print Name: | |
| **Please return the completed form by fax, e-mail or mail to:**  Mail: The Catholic University of America Fax: (202) 319-5848 Attn: Accounts Payable, Leahy Hall, Room # 152 Telephone: (202) 319-5041  620 Michigan Ave. NE, Washington DC 20064 E-mail: [CUA-AP-VENDORS@cua.edu](mailto:CUA-AP-VENDORS@cua.edu) | | |