

Submit completed, signed Supplier Information Form to-Email scan: customercareteam-pds@case.edu Procurement Policy: http://www.case.edu/bizpolicies/ Fax: Customer Care Team 216-368-5088

Customer Care Team 10620 Cedar Avenue Cleveland, OH 44106-4909

Supplier Information Form

In order to receive payment from Case, the recipient must be added to PeopleSoft as a vendor. All fields marked * are mandatory on the Supplier Information Form. Incomplete submission cannot be processed and will be returned for completion. For businesses: Must be completed and signed by a designated company representative.

	Supplier Information	Supplier Information			
*Name of Company or Individual *Supplier Type □ Individual □ Partnership □ Sole Proprietor □ Non-Profit Organiz □ Corporation □ Government Entity	Business Typ □ Contractor	□ Retailer □ Broker	pecify)		
☐ Limited Liability Company ☐ Exempt Payee ☐ CWRU Student	Business Size	□ Small Business Concern	□ Large Business Concern		
*Please Check One Add as a new vendor to Peo	oleSoft Update existing en	ntry (ID or Short Name)			
	Supplier Diversity Inforn	nation			
Check all that apply (Please attach copy of SBA cert Small Business Enterprise (SBE) Disadvantaged Business Enterprise (DBE) Disabled Veteran Business Enterprise (DVBE) Women-Owned Business Enterprise (WBE)	 ☐ Minority-Owned Busin ☐ HUB Zone - Historica ☐ HBCU / MI ☐ Other (please specify) 	Ily Underutilized Business Zones			
Supplier B *Remit to Address – Payment will be mailed here	usiness Addresses & Payn	nent Information			
Rennt to Address – Fayment win be maned here					
*Address (Number, Street, and Apt or Ste number)					
radiess (ramos, succe, and ript of sic namos)					
*City	*State	*Zip Code			
*Email Address	*Phone Number	Fax Number	er		
Supplier's Address (if different than address above) –or -	- Previous Address (if updating 6	existing PeopleSoft entry)			
Address (Number, Street, and Apt or Ste number)					
City	State	Zip Code			
Businesses, Do You Accept Credit Card Payments?	□ Yes □ No	Ecommerce / PeopleSoft?	□ Yes □ No		
Supplier C	ontact at Case Western R	eserve University			
*Case Contact Name *Co	*Contact Email		*Contact Phone		
*Contact Department *Co	ontact Signature				
W9 (Certification of Supplier I	nformation			
The IRS requires that you provide information which allows us to complete 1099 Your payments may be subject to backup withholding if you fail to provide a cor Identification Number (TIN). Note: US Persons filling out this form do NOT have to fill out a W-9, non US Pe fill out a W-8BEN in addition to this form. *Please enter your TIN (SSN or EIN) below	rect Taxpayer Taxpayer Identification N report all interest or divid	penalties of perjury, I certify that the number show Sumber, and I am not subject to backup withholdin lend income, and I am a US citizen or US person.	ng as a result of a failure to		
*Sign Here		*	Date		