



Submit completed, signed Supplier Information Form to-  
 Email scan: [customercareteam-pds@case.edu](mailto:customercareteam-pds@case.edu) Procurement Policy: <http://www.case.edu/bizpolicies/>  
 Fax: Customer Care Team 216-368-5088  
 Mail: 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

<p><b>*Name of Company or Individual</b> _____</p> <p><b>*Supplier Type</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietor</td> <td><input type="checkbox"/> Non-Profit Organization</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Government Entity</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Exempt Payee</td> </tr> </table>	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Exempt Payee	<p><b>DBA (Doing Business As), if applicable</b> _____</p> <p><b>Business Type</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Retailer</td> </tr> <tr> <td><input type="checkbox"/> Distributor</td> <td><input type="checkbox"/> Broker</td> </tr> <tr> <td><input type="checkbox"/> Manufacturer</td> <td><input type="checkbox"/> Other (please specify) _____</td> </tr> </table> <p><b>Business Size</b>   <input type="checkbox"/> Small Business Concern   <input type="checkbox"/> Large Business Concern</p>	<input type="checkbox"/> Contractor	<input type="checkbox"/> Retailer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Broker	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership														
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<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (please specify) _____														
<p><b>*Please Check One</b>   <input type="checkbox"/> Add as a new vendor to PeopleSoft   <input type="checkbox"/> Update existing entry (ID or Short Name) _____</p>															

### Supplier Diversity Information

Check all that apply (**Please attach copy of SBA certification**)

<input type="checkbox"/> Small Business Enterprise (SBE)	<input type="checkbox"/> Minority-Owned Business (MBE)
<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> HUB Zone - Historically Underutilized Business Zones
<input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE)	<input type="checkbox"/> HBCU / MI
<input type="checkbox"/> Women-Owned Business Enterprise (WBE)	<input type="checkbox"/> Other (please specify) _____

### Supplier Business Addresses & Payment Information

**\*Remit to Address – Payment will be mailed here**

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\*Address (Number, Street, and Apt or Ste number)

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*City	*State	*Zip Code
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*Email Address	*Phone Number	Fax Number
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**Supplier's Address (if different than address above) –or – Previous Address (if updating existing PeopleSoft entry)**

\_\_\_\_\_

Address (Number, Street, and Apt or Ste number)

\_\_\_\_\_

City	State	Zip Code
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Businesses, Do You Accept Credit Card Payments?    Yes    No      Ecommerce / PeopleSoft?    Yes    No

### Supplier Contact at Case Western Reserve University

*Case Contact Name	*Contact Email	*Contact Phone
_____	_____	_____
*Contact Department	*Contact Signature	
_____	_____	

### W9 Certification of Supplier Information

<p>The IRS requires that you provide information which allows us to complete 1099 reporting. Your payments may be subject to backup withholding if you fail to provide a correct Taxpayer Identification Number (TIN).          Note: US Persons filling out this form do NOT have to fill out a W-9, non US Persons must fill out a W-8BEN in addition to this form.          *Please enter your TIN (SSN or EIN) below</p>	<p>W9 Certification: Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number, and I am not subject to backup withholding as a result of a failure to report all interest or dividend income, and I am a US citizen or US person.</p>
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\_\_\_\_\_ \*Sign Here \_\_\_\_\_ \*Date \_\_\_\_\_