



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

**\*Name of Company or Individual**

**\*Supplier Type**

- Individual                       Partnership  
 Sole Proprietor                 Non-Profit Organization  
 Corporation                     Government Entity  
 Limited Liability Company    Exempt Payee

**DBA (Doing Business As), if applicable**

**Business Type**

- Contractor                       Retailer  
 Distributor                       Broker  
 Manufacturer                  Other (please specify) \_\_\_\_\_  
**Business Size**    Small Business Concern    Large Business Concern

**\*Please Check One**    Add as a new vendor to PeopleSoft    Update existing entry (ID or Short Name) \_\_\_\_\_

### Supplier Diversity Information

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

- Small Business Enterprise (SBE)                       Minority-Owned Business (MBE)  
 Disadvantaged Business Enterprise (DBE)            HUB Zone - Historically Underutilized Business Zones  
 Disabled Veteran Business Enterprise (DVBE)       HBCU / MI  
 Women-Owned Business Enterprise (WBE)          Other (please specify) \_\_\_\_\_

### Supplier Business Addresses & Payment Information

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

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

\*City

\*State

\*Zip Code

\*Email Address

\*Phone Number

Fax Number

**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

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

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

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.

\*Sign Here

\*Date \_\_\_\_\_