



Supplier Module Onboarding Step-by-Step:

1. Supplier candidates will receive an invitation via email, provided to CWRU by your point of contact. The email will be titled **Supplier Registration**. An example of the invitation email is below.

Click **Register as Supplier** to get started. You will need your **Access Code** to begin your registration.

Supplier Registration

nmk10@case.edu <nmk10@case.edu>
To: customercareteam-pds@case.edu

Mon, Sep 28, 2026 at 8:54 AM

Dear Nicole Karn,

You have been invited to register as a supplier for Case Western Reserve University. To register as a new supplier, you must have a valid tax identification number, either a TIN, EIN, or SSN. Domestic suppliers must provide a valid Form W-9. International suppliers must provide the applicable Form W-8. For payment by ACH, CWRU requires a voided check, bank statement, or other official bank document showing the account owner, routing number, and account number. Required fields are marked with an asterisk (*).

Please use the registration link and access code below to begin the CWRU supplier onboarding process. During registration, you will be required to establish your Supplier Portal User ID and password. The access code below is used only to access the registration transaction and will not serve as your Supplier Portal password.

[Register as Supplier](#)

Access Code: CIQWX85848
Expiration Date: 3010-01-01

For questions or feedback regarding the supplier registration process, please contact us by email at customercareteam-pds@case.edu, or by phone at 216-368-2560.

Thank you,
Procurement & Distribution Services
Case Western Reserve University

- Upon clicking the **Register as Supplier** link, you will be directed to the supplier onboarding **Welcome** page. Enter the **Access Code** from your invitation email where prompted. Disregard the **type of entity**. You will identify your tax classification on the next page. Items marked with an asterisk * are required before you can advance to the next screen. Click **Next**.

Welcome








Welcome
Identifying Information
Addresses
Contacts
Payment Information
Submit

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Welcome - Step 1 of 6

To complete your registration, please fill in the information for each step of the registration process. Use the navigation buttons "Next" and "Previous" to move between steps or "Save for Later" to save your work to be resumed later. Once you have provided all the required information, proceed to the "Submit" step where you may submit your registration for consideration. You will receive an email confirmation shortly after submittal.

If you have questions or require support during the registration process, please call the Customer Care Team at (216) 368-2560 or email customer-care-team-pds@case.edu.

Select an activity below: ⓘ

☒ Start a new registration form

* Access Code

What type of entity do you represent?

☒ Business

☐ Individual

☐ Continue from where you left

* Required field

Exit
< Previous
Next >



3. Enter your **Tax Identification Number** (TIN) – this can be a Social Security Number (SSN) for individuals or an Employer Identification Number (EIN) for non-individuals. Enter your **Entity Name** – either your name if you are registering as an individual or the name of your company. Disregard the **Payment Card Provider** check box.

Identifying Information

Welcome

Identifying Information

Addresses

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Submit

ExitSave for Later< PreviousNext >

Identifying Information - Step 2 of 6
Enter the requested information about your business.

Unique ID & Company Profile ⓘ

* Tax Identification Number123121234

* Entity NameTest Company

Additional Name

http://URL

Open URL

☐ Payment Card Provider

4. **Optional** – describe the goods or services being provided to CWRU.

Briefly describe the goods or services your company will provide to CWRU.

5. Choose the Federal Tax Classification that best reflects your tax status and the payment you will be receiving from CWRU.

* Select your federal tax classification.





List Line Number	List Item
1	Multiple Member LLCs and Partnerships
2	Corporations
3	Non-US Entity (W8 Tax Form Required)
4	Government Entity
7	Other (please specify)
8	Individual, Sole Proprietor, Contractor, Single Member LLC
9	Reimbursement
10	Stipend
11	Honorarium
12	Study Participant
13	Prize/Award
14	Rent
15	Royalties

6. Identify if you are a foreign individual or foreign business entity. Choosing **Yes** for this question means you must submit a signed W-8BEN.

* Are you a foreign individual or foreign business entity?





No

Yes

Add Attachment

* Upload your signed W-9 form (US Entities)





7. Upload a signed copy of your **W-9 (US entities)** or **W-8BEN (foreign entities)**. These documents must have a wet/handwritten signature or a certified digital signature. Font signatures are not acceptable and will result in your application being returned to you for updated signatures.

* Upload your signed W-9 form (US Entities) or applicable W-8 form (Foreign Entities).



Add Attachment



8. Select your preferred payment terms. Supplier applicants can choose between Net45 – ACH, Net45 – Check, or Net20 – American Express.

* Select your preferred payment terms.



Net 45 - ACH (Voided Check or Bank Verification Letter Rec 

List Line Number	List Item
1	Net 20 - American Express Credit Card
2	Net 45 - ACH (Voided Check or Bank Verification Letter Req)
3	Net 45 - Check (Processed Twice Weekly)

9. If Net45 – ACH is selected, supplier applicants **MUST** upload a voided check or bank verification letter. The documentation must clearly identify you as the owner of the bank account.

If Net 45 - ACH is selected, upload a Voided Check or Bank Verification Letter.



Add Attachment





10. Identify potential Conflicts of Interest by disclosing if any of the supplier applicant's officers, owners, founders, directors, investors, and/or controlling members are current/past CWRU employees or family members of current/former CWRU employees. Additional information is requested if your response is **Yes**.

* Are any of the supplier and/or the supplier's officers, owners, founders, directors, investors, and/or controlling members of the supplier a: current CWRU employee or trustee, or a former CWRU employee (or family member of a former CWRU employee)?	No Yes
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If Yes, provide the CWRU Affiliate's Name, Department, and your Relationship to them.

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11. Formally acknowledge that any uploaded documents contain wet signatures or certified digital signatures. Font/Typeface signatures are not accepted.

* I acknowledge that any uploaded W-9, W-8, ACH, or other signed documents must contain a wet signatures or certified digital signatures. Font or typeface signatures are not accepted	No Yes
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12. Disclose if your company will provide software, IT hosting, or cloud services, or if they will access CWRU institutional/student data.

Will your company provide software, IT hosting, cloud services, or access CWRU institutional/student data?	
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13. Identify if your company is certified as a Small Business, Small Disadvantaged Business, Service-Disabled Veteran-Owned Business, Veteran-Owned Business, or Historically Underutilized Business (HUBZone). If **Yes**, upload federal/state certifications.

* Is your company certified as a Small Business, Small Disadvantaged Business, Service-Disabled Veteran-Owned Business, Veteran-Owned Business, or Historically Underutilized Business (HUBZone)?

No

Yes

Upload federal/state business diversity certifications if applicable.

Add Attachment

14. Enter the name, email address, and phone number for the **Billing** point of contact. Click **Next** once all sections have been completed.

* Billing Contact Name

Nicole Karn

* Billing Contact Email Address

customer-careteam-pds@case.edu

* Billing Contact Phone Number

216-368-2560

15. Enter all applicable business addresses. If your **Remit To Address** differs from your **Primary Address**, please check the **Remit To Address** box and enter the additional address. Click **Next** once all sections have been completed.

Addresses

Welcome

Identifying Information

Addresses

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Submit

Exit

Save for Later

< Previous

Next >

Addresses - Step 3 of 6

Provide the primary address of your business.

Primary Address

* Country

USA

United States

Address 1

Address 2

Address 3

City

County

Postal

State

Email ID

Other Addresses

Check boxes below to indicate addresses that are different from your Primary Address above:

☐ Remit To Address
 Address for remitting payment

☐ Invoice Address
 Address from which you send invoice

Other Addresses

Check boxes below to indicate addresses that are different from your Primary Address above:

☒ Remit To Address
 Address for remitting payment

* Country

USA

United States

Address 1

Address 2

Address 3

City

County

Postal

State

Email ID



16. Enter information about important **Company Contacts**. Make sure to identify the **Primary Contact**. Click **Next** once all sections have been completed.

Contacts

WelcomeIdentifying InformationAddresses**Contacts**Payment InformationSubmit

ExitSave for LaterPreviousNext

Contacts - Step 4 of 6
Provide at least one contact person.

Company Contacts ⓘ

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Add Contact

* Required fieldExitSave for LaterPreviousNext

Contact Information ⓘ

Description			
* First Name	Nicole		☒ Primary Contact
* Last Name	Karn		
Title			
* Email ID	customercareteam-pds@case.edu		
* Telephone	216/368-2560	Ext	
Fax Number			
Contact Type	v		



17. Create your **User Profile Information**. Your **User ID** and **Password** will be used to access your Supplier Profile once your application has been approved. Password requirements are shown below.

User Profile Information ?

** Requested User ID	CustomerCareTeam
Password	
Confirm Password	
Description	
*Language Code	English
Time Zone	
*Currency Code	US Dollar
*Rate Type	Current Rate

Your password must be at least 15 characters long. (48,34)

Your password must contain at least 1 uppercase letter, 1 lowercase letter, 1 digit, and 1 special character.



18. Designate an address for each Company Contact entered. At least one contact person must be provided. Click **Next** once all sections have been completed.

Contacts

Welcome Identifying Information Addresses **Contacts** Payment Information Submit

Exit Save for Later < Previous Next >

Contacts - Step 4 of 6
Provide at least one contact person.

Company Contacts ⓘ

Primary	Name	Phone	Designate Address
☒	Nicole Karm	216/368-2560	Primary Address ▼ Primary Address Remit Address

Add Contact

* Required field

Exit Save for Later < Previous Next >

19. Identify the correct **Invoice Address** and **Remit Address** based on the address information entered earlier. If you chose ACH payment as your preferred payment method and wish to receive an emailed copy of your payment remittance, check the **Enable Email Payment Advice** box and enter a valid email address in the box below.

Payment Information

Welcome Identifying Information Addresses Contacts **Payment Information** Submit

Exit Save for Later < Previous Next >

Payment Information - Step 5 of 6
Enter Payment information.

Payment Preferences ⓘ

Requested Payment Terms 04N45 Net 45 ⓘ

Invoice Address Primary Address ▼ ⓘ

Remit Address Remit To Address ▼ ⓘ

☐ Enable Email Payment Advice

Email Address

Payment Method System Check



20. Supplier applicants who chose Net45 – ACH as their preferred payment method should enter the following information on the **Payment Information** screen.

- **Bank Name**
- **Account Type**
- **Bank ID (Routing Number)**
- **Bank Account Number.**

Payment Information

Supplier Banking Information ⓘ

Country United States

Bank Name

Branch Name

Bank ID Qualifier

Account Type

Bank ID

Branch ID

Bank Account Number

Digit

DFI Qualifier

DFI ID

IBAN

Bank Address

* Country United States

Address 1

Address 2

Address 3

City

County Postal

State



21. The remaining boxes on the **Payment Information** screen are optional.

Bank Phone

Prefix

Phone

Ext

Fax

Payment Card Options

☐ Accepts Payment Card

Comments ⓘ

Comments

URL Information ⓘ

	URLID	Description		
1			+	-

*Required Field

22. The final **Submit** page allows the supplier applicant to review all answers provided during supplier onboarding. By clicking **Review** located at the bottom of the page, a new screen will appear allowing for a final review before submission. Supplier applicants should double-check that all information is accurate before clicking **Submit**.

The **Password** created on this screen will be used **ONLY** if an application is returned to the applicant for updates or review. This password is different than the one created on the **Contacts** page and will NOT be used to access a supplier profile once a supplier has been approved. Password requirements are shown below.

Once the **Terms of Agreement** has been reviewed and accepted, and supplier applicants have reviewed and verified their information, the application can be submitted by clicking **Submit**.

Submit

Welcome

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Submit

Exit

Save for Later

< Previous

Next >

Submit - Step 6 of 6

Select the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

Email communication regarding this registration will be sent to:

customer-care-team-pds@case.edu

Please provide password for re-access in case we should need more information from you to complete the registration process.

*Password

Terms and Conditions

Make sure you read terms of agreement fully before submitting your registration.

☒ Select to accept the Terms of Agreement below.
 [Terms of Agreement](#)

Review

Submit

Exit

Save for Later

< Previous

Next >

Your password must be at least 15 characters long. (48,34)

Your password must contain at least 1 uppercase letter, 1 lowercase letter, 1 digit, and 1 special character.

OK



Review Page

Help

Supplier Registration Info

Registration ID

Entered on

Company Name

Additional Name

URL

Payment Card Provider

09/28/2026

Test

N

View Attachment

Identification Classification

Tax Identification Number

123121234

Profile Questions

Briefly describe the goods or services your company will provide to CWRU.

* Select your federal tax classification.

Individual, Sole Proprietor, Contractor, Single Member LLC

* Are you a foreign individual or foreign business entity?

No

* Upload your signed W-9 form (US Entities) or applicable W-8 form (Foreign Entities).

View Attachment

* Select your preferred payment terms.

Net 45 - Check (Processed Twice Weekly)

If Net 45 - ACH is selected, upload a Voided Check or Bank Verification Letter.

View Attachment

DIT STATUS:



23. Upon successful submission of the application, supplier applicants will be presented with their unique **registration ID**, and an email confirmation will be sent to the email address provided on the **Submit** page. The **registration ID** is **NOT** an approved **Supplier ID** number - it is a record of your registration submission. An official **Supplier ID** will be provided once CWRU reviews and approves your registration. The official **Supplier Name** and **Supplier ID** will be emailed separately.

Registration Exit

Registration Submit Details

Submitted



You have successfully submitted your registration.

Your registration ID:

0000000060

An email regarding the registration status will be sent to:

customercareteam-pds@case.edu

Your registration form has been submitted for approval

CWRU_FIN_automated_message <noreply@case.edu>
To: customercareteam-pds@case.edu

Mon, Sep 28, 2026 at 9:22 AM

Your supplier registration has been submitted for approval. You will be notified by email of any changes in your registration status.

For questions or feedback regarding registration ID 0000000060, please contact us by email at customercareteam-pds@case.edu, or by phone at 216-368-2560. Be prepared to provide our registration ID number for assistance.

Thank you,
Procurement & Distribution Services
Case Western Reserve University



24. If, at any time during the supplier onboarding process, you need to save your information to return to later, click the **Save for Later** button. The system will prompt you to create a password that can be used to access your in-process registration later. A screen will appear confirming your **Registration ID**, **Tax Identification Number**, and **Email ID**. A confirmation email will be sent to the email address provided which includes a link to re-access your application when you are ready.

Save for Later [X] [Help](#)

Your In-Progress registration form will be saved and email communication regarding the registration will be sent to:

You may change to send emails to a different address.

To resume your registration, a password will be required:

*Password [Eye icon]

Save for Later [X] [Help](#)

Your In-Progress registration form will be saved and you may resume your registration request at a later time.

To resume your registration request, the following information will be required when you re-access your request. E-mail communication regarding the registration will be sent to mentioned E-mail ID.

* Registration ID	0000000061
* Tax Identification Number	888997777
*Email ID	customer-careteam-pds@case.edu
*Password	*****

Would you like to resume registration now?

You must select Yes to save your registration.



Case Western Reserve University Supplier Registration Save for Later Confirmation

CWRU_FIN_automated_message <noreply@case.edu>
To: customercareteam-pds@case.edu

Mon, Sep 28, 2026 at 11:00 AM

Thank you for your interest in registering with Case Western Reserve University. This e-mail is to inform you that your in-process registration request has been successfully saved.

To resume your registration, use the link below and select "Continue from where you left off":

https://supplier.case.edu/psp/P92FREG/SUPPLIER/ERP/c/SUP_OB_MENU.AUC_BIDDER_REGISTR.GBL

Registration ID: 0000000061

E-mail ID: customercareteam-pds@case.edu

Password: Use the registration re-access password you entered when selecting Save for Later.

For questions or feedback, please contact us by email at customercareteam-pds@case.edu, or by phone at 216-368-2560.

Thank you,
Procurement & Distribution Services
Case Western Reserve University

25. Once an application has been fully reviewed and approved, an email will be sent to the supplier email address provided, complete with the official Supplier Name and Supplier ID. Once received, this indicates that the supplier is approved and open for purchasing.

Your Recent Supplier Registration

nmk10@case.edu <nmk10@case.edu>
Reply-To: nmk10@case.edu
To: [REDACTED]

Mon, Sep 21, 2026 at 4:13 PM

Your supplier registration application, registration ID 0000000057 has been approved.

Supplier Name: [REDACTED]
Supplier ID: [REDACTED]

For questions or feedback regarding your registration ID 0000000057, please contact us by email at customercareteam-pds@case.edu, or by phone at 216-368-2560. Be prepared to provide your registration ID for assistance.

Upon approval, authorized contacts will receive confirmation that their Supplier Portal access has been activated. Users will sign in using the User ID and password established during registration.

Thank you,
Procurement & Distribution Services
Case Western Reserve University