



VENDOR CERTIFICATION FORM
FINANCIAL SERVICES
 169 HOLLAND ST, SOMERVILLE, MA 02144
 Phone (617) 627-5078 * Fax (617) 627-2099
 SUSAN GIBSON - susan.gibson@tufts.edu

Vendor Number

 For Financial Services Use Only

Tufts Requester _____ **Phone** _____

GENERAL INFORMATION

COMPANY/INDIVIDUAL NAME
 (as shown on your income tax return)

IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS" _____

SHOULD CHECKS BE MADE PAYABLE TO THIS NAME? YES NO

PLEASE CHECK APPROPRIATE BOX(ES) (IF APPLICABLE)

<input type="checkbox"/> HISTORICALLY BLACK COLLEGE OR UNIVERSITY	<input type="checkbox"/> ALASKA NATIVE CORP OR INDIAN TRIBE	<input type="checkbox"/> HUB ZONED	<input type="checkbox"/> MINORITY INSTITUTION	<input type="checkbox"/> HANDICAPPED
<input type="checkbox"/> NON PROFIT	<input type="checkbox"/> SMALL BUSINESS	<input type="checkbox"/> SMALL DISADVANTAGED BUSINESS	<input type="checkbox"/> VETERAN OWNED	<input type="checkbox"/> MINORITY OWNED
<input type="checkbox"/> WOMAN OWNED	<input type="checkbox"/> OTHER _____			

ORDER FROM ADDRESS **REMIT TO ADDRESS**

ADDRESS _____	ADDRESS _____
_____	_____
CITY _____	CITY _____
_____	_____
STATE _____ POSTAL _____	STATE _____ POSTAL _____
PHONE _____ FAX _____	TOLL FREE _____

CONTACT INFO

SALES REP _____	EMAIL _____
PHONE NUMBER _____	WEB ADDRESS _____
FAX NUMBER _____	TUFTS ACCT #(S) _____

TAXPAYER IDENTIFICATION NUMBER

PLEASE ENTER YOUR TIN IN THE APPROPRIATE BOX (FOR INDIVIDUALS, THIS IS YOUR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER	OR	FEDERAL TAX IDENTIFICATION NUMBER
_____		_____
EXAMPLE 00-00-0000		EXAMPLE 00-0000000

Please Check Appropriate Box:

<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/estate
<input type="checkbox"/> LLC	Enter the tax classification (C Corp, S Corp, Partnership) _____		<input type="checkbox"/> Other	_____

PAYMENT TERMS

TUFTS UNIVERSITY PAYMENT TERMS ARE NET 30, PLEASE SPECIFY IF YOU OFFER DISCOUNT TERMS

DISCOUNT PAYMENT TERMS _____ **DOES YOUR COMPANY ACCEPT MASTERCARD?**
 YES NO

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 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
- I am a U.S. person (including a U.S. resident alien).
- In accordance with Executive Order 12549 (Debarment and Suspension), Vendor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE: _____ **Date** _____
PRINT NAME _____ **Date** _____