

**Simmons University**  
SUPPLIER/INDIVIDUAL PAYEE REGISTRATION FORM  
300 The Fenway, Boston, MA 02115  
Phone: 617-521-2155 Fax: 617-521-3197  
Email: [purchasing@simmons.edu](mailto:purchasing@simmons.edu)

Dear Supplier/Individual,  
Please complete this Registration form and submit along with your W-9 form (W-8BEN form for foreign entities) to Simmons University at your earliest convenience. Thank you.

**SECTION I: GENERAL INFORMATION:**

Supplier/Individual Name \_\_\_\_\_  
Show name as registered with the Internal Revenue Service or Social Security Administration

Company Name – DBA\* (if different from above) \_\_\_\_\_

Primary Address:

Street Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Remit to: (if different from Primary address)

\_\_\_\_\_  
Street Address City State Zip

Email address of business contact person: \_\_\_\_\_

Email address for Purchase Orders: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Taxpayer Identification Number (TIN):

EIN (employer identification #): \_\_\_\_\_

Or  SSN(Social security number): \_\_\_\_\_

Certification (choose one):

For US Entities: W9 Certification: Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (2) I am not subject to backup withholding due to a failure to report interest and dividend income, (3) I am a U.S. person (including a U.S. resident alien), (4) I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

For Foreign Entities: W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding Tax.

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**SECTION II: FEDERAL/STATE CLASSIFICATION - CHECK ALL THAT APPLY**

Small Business       WBE (Women Owned)       MBE (Minority Owned)

Other (please specify: \_\_\_\_\_)

\*\*Businesses that meet Federal/State Classifications must supply a copy of certificate.

**SECTION III: PAYMENT INFORMATION**

Simmons University payment terms are 45 days from the date of the invoice and require all suppliers to be paid via EFT/ACH.

Account information:       Checking       Savings

Bank Name

Bank Code / Routing Number (9 digits)

Account Number

The supplier must be in compliance with 201 CMR 17.00: M.G.L. c. 93H relating to Standards for the Protection of Personal Information of Residents of the Commonwealth of Massachusetts, and, on request submit document referencing such policy.

\_\_\_\_\_  
Under penalties of perjury, I certify that the responses provided herein are true and accurate. I am not subject to backup withholding.

SIGNATURE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

TITLE (PLEASE PRINT) \_\_\_\_\_

W-9 Attached (Required for US entities)

W-8BEN Attached (Required for foreign entities)

\*\*To return completed documents securely to Simmons University, please use the following link:  
<https://filetransfer.simmons.edu/form/supplier-documentation>

Please reach out to [purchasing@simmons.edu](mailto:purchasing@simmons.edu) with any questions