

# Supplier/Individual Payee Registration Form

**Simmons**  
UNIVERSITY  
300 The Fenway  
Boston, MA 02115  
purchasing@simmons.edu

Dear Supplier/Individual,

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

## SECTION I - GENERAL INFORMATION:

<b>Supplier/Individual Name</b> (As registered with IRS or Social Security Administration)		<b>Telephone</b>	
<b>Company Name/DBA</b> (if applicable)		<b>Fax</b>	
<b>Primary Address – Street/PO Box</b>		<b>Primary Contact Email</b>	
<b>City</b>		<b>Email for Purchase Orders</b>	
<b>State</b>	<b>Zip</b>	<b>DUNS#</b> (if applicable)	
<b>Remit-To (If different from Primary Address)</b>			
Street Address _____		City _____	State _____ ZIP _____

## Taxpayer Identification Number (TIN)

<b>EIN (employer identification #)</b>	<b>SSN (Social Security Number)</b>
- OR -	

## Certification (choose one and attach a copy of the referenced form)

**Required for US Entities:** Form W-9: Request for Taxpayer Identification Number and Certification

**Required for Foreign Entities:** Form W-8BEN: Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding Tax. (Individuals) - OR- Form W-8BEN-E Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)

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

**Small Business**

**Non-Profit**

**WMBE (Women Owned)**

**Other (Please Specify: \_\_\_\_\_)**

**MBE (Minority Owned)**

\_\_\_\_\_

Note: Businesses that meet Federal/State Classifications may receive a request to supply a certificate

**SECTION III: RELATIONSHIP DISCLOSURE**

Are you (or any Officer, Director, Owner or Partner in this company) one of the following?

1) A current student or employee of Simmons University

Yes  No

2) A direct family member of a current student or employee of Simmons University

Yes  No

3) A graduate of Simmons University

Yes  No

**SECTION IV: PAYMENT INFORMATION**

Simmons University payment terms are 45 days from the date of the invoice.

All suppliers are required to be paid via EFT/ACH.

Account Information:  Checking  Savings

Bank Name

Routing Number (must be 9 digits)

Account Number

ACH Remittance Email : \_\_\_\_\_

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) \_\_\_\_\_

\*\*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 with any questions