

CLARKSON UNIVERSITY
NEW VENDOR FORM

*Instructions to Requesters: This form is used to add new vendors to the file. Before completing, please check the file in PeopleSoft to see if the vendor is already in place. If the vendor is **not** in the file, please fill out this form and forward it to the Vendor Control Group (Fax 315-268-2319). A copy of this form can be found at: www.clarkson.edu/oit/documents/vendor_form.doc.*

REQUESTER MUST FILL IN BELOW (*Required entry):

NEEDED BY: NOON____ **END OF DAY**____

REQUESTER NAME* _____ **EXTENSION*** _____
DATE* _____

VENDOR NAME* _____

TRADE NAME OR DBA (IF APPLICABLE)* _____

FOREIGN VENDOR? _____ **IF YES, COUNTRY*** _____

ORDER ADDRESS* _____

CITY/TOWN* _____ **STATE*** _____ **ZIP CODE*** _____

VENDOR PHONE NO. _____ **FAX NO.** _____

FILL IN BELOW IF KNOWN:

REMIT ADDRESS (If different) _____

VENDOR'S EMPLOYER IDENTIFICATION NUMBER: ___ - _____ **OR**
VENDOR'S SOCIAL SECURITY NUMBER: ___ - ___ - _____

PAYMENT TERMS _____

FOR VENDOR CONTROL GROUP ONLY:

VENDOR ID _____
DATE ENTERED _____
INITIALS _____