



CLARK ATLANTA UNIVERSITY

Purchasing Department Vendor Application

Vendor Information Checklist:

Completed Vendor Information
W-9 Form
Copy of Business License
Proof of Insurance or Bonded
(Where applicable)

Consultant Information Checklist:

Completed Vendor Information
W-9 Form

In order to be placed on the Vendor's List for Clark Atlanta University's Purchasing Department, all new applicants must complete a Vendor's Information package. We are required by law to obtain this information from you when making a reportable payment to you. This information will be kept as confidential information, and will only be disclosed for audits or if subpoenaed by a government agency or court of competent jurisdiction.

By submitting this application, I do hereby solemnly swear or affirm that the information given above is current and true to the best of my knowledge. Furthermore, should any data change in the future, I will ensure that correct information is immediately submitted to the Purchasing Department. I also fully understand and agree that Clark Atlanta University is not responsible for the payment of any invoice(s) unless an approved purchase order has been issued prior to the delivery of any goods or services.

Signed:

Principal/Officer Title:

Date:

For Purchasing Department Use Only

Vendor Approved by:

Vendor No.:

Date:



CLARK ATLANTA UNIVERSITY

Purchasing Department Vendor Application

Purchasing Department

Vendor Information

Vendor Name:

Address:

City:

State:

Zip Code:

Telephone:

/ext.

Fax:

/E-mail:

Federal Employer Identification Number Business:

If none, then Taxpayer Identification Number [Individual] or [Sole Proprietorship]:

Purchase Order Address:

Accounts Payable Remittance Address:

Assigned Salesperson:

Sales Manager:

Telephone Number:

Fax Number:

If the vendor is an individual or a sole proprietorship, please answer the following questions:

Are you a U.S. Citizen? YES NO

If NO, are you a Resident Alien? YES NO

If No, are you a Non-resident Alien? YES NO

If the vendor is an organization, please mark the appropriate category below:

Domestic Corporation

Partnership

Government Agency

Foreign Corporation/Partnership/Entity

Other (specify):

Type of Service/Product Provided:

Selling Terms:

FOB Points:



CLARK ATLANTA UNIVERSITY

Attachment 1 VENDOR CERTIFICATION

The Purchasing Department will make every effort to include Disadvantaged Business Enterprises, Women Minority Business Enterprises, and Minority Business Enterprises in the acquisition and disposition of Goods and Services for Clark Atlanta University.

Disadvantaged Business Enterprise, such as a firm owned (51 %) and controlled by a minority person or a woman, or other disadvantaged business enterprises.

Women Minority Business Enterprise, such as a firm owned and controlled solely by a woman.

Minority Business Enterprise, such as a firm owned and controlled solely by a person certified by SBA as meeting the requirements of a Minority Business.

Provide Certification for the box indicated above.

Comments:



CLARK ATLANTA UNIVERSITY

ACH CREDIT AUTHORIZATION FORM

Company/Vendor:

Federal Identification #:

Postal Zip Code:

I/we

hereby authorize Clark Atlanta University, hereinafter

[Company/Vendor]

called **University**, to credit entries to our account indicated below and the financial institution named below, hereinafter called **Financial Institution**, to initiate electronic credit entries, and if necessary, process any debt adjustments needed to correct entries made in error, to the account listed below.

[Company/Vendor]

acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

It is your responsibility to obtain the correct ACH Routing/Transit Number and Account Number from your Financial Institution. Incorrect account information will delay your payment. Please fax a Voided Check or Bank Authorization Form separately. PLEASE NOTE: WE DO NOT ACCEPT OR REQUEST CHANGES TO WIRING INSTRUCTIONS VIA EMAIL OR FAX. ALWAYS CALL TO VERIFY.

Financial Institution Name:

Routing Number:

Account Number:

Checking Account

Savings Account

This authority is to remain in full force and effect until the University has received written authorization from [Company/Vendor] of its termination in such time and manner as to afford

[Company/Vendor]

the University and Financial Institution a reasonable opportunity to act on it.

[Company/Vendor]

[Contact Name]

[Authorized Representative]

[Contact E-mail]

[Authorized Signature]

[Contact Phone Number]

[Title of Authorized Representative]

[Date]

Complete this form and FAX to: Clark Atlanta University Attention Purchasing (404-880-8005)

Do not write below this line - Reserved for Internal Use

[Entered into Banner-AP Rep Initials]

[Vendor 900#]