SUPPLIER CREATE MAINTAIN FORM INSTRUCTIONS

Montclair State requires suppliers to submit a legibly completed Supplier Create/Maintain Form https://www.montclair.edu/procurement/wp-content/uploads/sites/159/2019/09/Supplier-Create-Maintain-Form-Rev-9-4-2019-1.pdf by Email to: suppliercreate@montclair.edu or fax, 973-655-5468 with the appropriate tax form:

- W8BEN (US Tax form for international individuals)

Completing these forms will ensure a smooth procure to pay cycle for goods and services for both you, as a supplier, and the University.

Montclair State University Staff Use Only: To be completed by MSU staff so that the Supplier Create Group will send a notification by Email when a supplier file is created or updated.

Required sections to be completed by supplier:

1. **Supplier Name** – Your legal name, or organization, or company name
2. **Names used by IRS** – Name you use when reporting your earnings to the Internal Revenue Service (IRS). This name must be identical to the name entered on your W9, W8 Ben, or W8BEN-E form.
3. **Supplier’s Federal Tax Identification Number** – Enter the United States Tax Identification Number as stated on the W9 or W8 form submitted with the Supplier Create Maintain Form.
4. **Description of Products/Services** – Specify the type of good or service that the University will be issuing payment. For example, IT consultant, construction contractor, artist model, special lecturer, coop teacher, grant participant, job candidate, office equipment, plumber, architect, etc.
5. **Payment Type** – Select how you wish to receive payment.
6. **Contact Information** – Your primary phone, fax, mailing address, Email and website address should be entered. The point of contact listed in this section will be our point of contact for confirming remittance and updating all other supplier information. **If no other address will be required for payments or returns, the Remit to and Returns sections do not need to be completed.**
7. **Remit To** – Only complete this section if any of the pertinent address and contact information differs from the information provided in the Contact Information section.
8. **Returns** – Only complete this section if any of the pertinent address and contact information differs from the information provided in the Contact Information section.

9. **Settlement Bank Account** – Enter your United States based banking information if you wish to receive electronic payments. If not completed, the University will issue payment by check. International suppliers will be paid via wire transfers.

10. **Payment Terms** – Select your standard payment terms from the stated options. The University standard practices is to pay Net 30 day after receipt of an acceptable invoice.

11. **Parent Company** – Only enter Parent Company Name and IRS Tax Identification Number, if applicable to your company or organization.

12. **Acknowledgement and Acceptance of University’s Standard Terms and Conditions** – Your signature indicates acceptance of the MSU terms and conditions.

**Standard Terms and Conditions**

For more information on the University’s Procurement Policies and Procedures, please go to our website, [https://www.montclair.edu/procurement/policies-and-procedures/](https://www.montclair.edu/procurement/policies-and-procedures/)

Thank you.
### Supplier Create/Maintain Form

**MSU employees or students are not to complete or use this form.** Domestic and international suppliers must complete this form to be entered into the University’s Procure To Pay system. A W-9, or W-8 if an international supplier, is required for new supplier entries and any updates to remittance information for existing supplier files. The completed Supplier Create/Maintain form, W-9 or W-8BEN, and other pertinent compliance documents must be submitted to the attention of Supplier Create Group by Email, suppliercreate@montclair.edu or by fax, (973) 655-5468.

### For Montclair State University Staff and Faculty Use Only

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Email Address:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Supplier Name:*</th>
<th>Supplier Federal Tax ID No.</th>
</tr>
</thead>
</table>

Name used by IRS (if different from above):

| Description of Products/Services Provided (required):* | If health care related goods or devices to be provided, please check this box ( ) |

### Payment Type (Check all that apply)

<table>
<thead>
<tr>
<th>Check ( )</th>
<th>Automated Clearing House (ACH) ( )</th>
<th>Wire transfer payment ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic US Bank Only</td>
<td>International Suppliers Only</td>
<td></td>
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</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>Phone:*</th>
<th>Fax:*</th>
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</thead>
<tbody>
<tr>
<td>Order From Address:*</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>City:*</th>
<th>State:*</th>
<th>Zip:*</th>
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</table>

| Country:* | Foreign Province (If Applicable): |

| Order From Email Address: * |

| Point of Contact Name (Default): |

| Web Address (if applicable): |

### Remit To Information (Only complete this section, if the information differs from Contact Information section above)

| Alternate Remittance Name (if applicable): |

<table>
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<tr>
<th>Phone:*</th>
<th>Fax:*</th>
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| Remit To Address:* |

<table>
<thead>
<tr>
<th>City:*</th>
<th>State:*</th>
<th>Zip:*</th>
</tr>
</thead>
</table>

| Country:* | Foreign Province (If Applicable): |

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<tr>
<th>Phone:</th>
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</table>

| Remit To Email Address: * |

| Remit To Point of Contact Name: |
RETURN TO INFORMATION (Only complete this section, if the information differs from Contact Information section above)

Alternate Return To Name (if applicable):

Phone: 
Fax: 

Return To Address:

City: 
State: 
Zip: 

Country: 
Foreign Province (If Applicable):

Phone: 
Fax: 

Returns Email Address:

Returns Point of Contact Name:

SETTLEMENT BANK ACCOUNT (MSU issues payment to suppliers by Check or ACH for United States banks only. International suppliers are paid by wire transfers only. See the bottom of page 2 for complete details).

Supplier Name on the Bank Account:

Bank Name:

Bank Account Number:

ACH/ EFT Routing Number (9 Digits Required):

PAYMENT TERMS - The University’s standard payment term is Net 30 after receipt of an acceptable invoice.

Select your standard payment terms below:

<table>
<thead>
<tr>
<th>1% 10 / Net 30</th>
<th>2% 10 / Net 30</th>
<th>2% 15 / Net 45</th>
</tr>
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<tbody>
<tr>
<td>( )</td>
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<table>
<thead>
<tr>
<th>Net 30</th>
<th>Net 45</th>
<th>Net 60</th>
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<td>( )</td>
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</table>

If your company is owned by a parent company, please complete the below.

Parent Company Name:

Parent Company Federal Tax ID #:

By signing this form, you acknowledge that you have read and agree to MSU’s terms and conditions at https://www.montclair.edu/procurement/wp-content/uploads/sites/159/2019/07/Terms-and-Conditions-7-2-2019-cs.pdf

Signature_________________________ Date:_________________________

Name:_________________________ Title:_________________________

Completed Supplier Create Maintain forms must be returned to MSU Attn: Procurement Services/ Supplier Create Group by Email, suppliercreate@montclair.edu or by fax, (973) 655-5468.

Invoices are to be submitted to invoices@montclair.edu.
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,