



SUPPLIER CREATE MAINTAIN FORM INSTRUCTIONS

Montclair State requires suppliers to submit a **legibly** completed Supplier Create/Maintain Form by Email to: suppliercreate@montclair.edu or fax, 973-655-5468 with the appropriate tax form:

- W9 (United States Tax Identification Number for Individuals, LLC, or Corporations)
<https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>
- W8BEN (US Tax form for international individuals)
- W8BEN-E (US Tax form for international organizations)
<https://www.irs.gov/forms-pubs/about-form-w-8>

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

The University's Standard Terms and Conditions for Goods and Services can be accessed and viewed at <https://www.montclair.edu/procurement/policies-and-procedures/> under the link titled "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/>

Thank you.



MONTCLAIR STATE UNIVERSITY

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

Name:	Phone:	
Department:	Email Address:	
Supplier Name:*		Supplier Federal Tax ID No.
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)

Check ()	Automated Clearing House (ACH) () Domestic US Bank Only	Wire transfer payment () International Suppliers Only
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CONTACT INFORMATION

Phone:*	Fax:*	
Order From Address:*		
City:*	State:*	Zip:*
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):		
Phone*:	Fax*:	
Remit To Address*:		
City* :	State*:	Zip*:
Country*:	Foreign Province (If Applicable):	
Phone:	Fax:	
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:

1% 10 / Net 30 ()	2% 10 / Net 30 ()	2% 15 / Net 45 ()
Net 30 ()	Net 45 ()	Net 60 ()

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 Standard Terms and Conditions at <https://www.montclair.edu/procurement/policies-and-procedures/> under the link titled "Standard Terms and Conditions"

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.