**Vendor Application Form**

|  |  |  |
| --- | --- | --- |
| **Please Choose from one of the following:** | External Vendor |  CUA Employee/Student |

**CONTACT INFORMATION**

|  |
| --- |
| **Name of Business or Payee** (Must match Taxpayer Identification Number information) |
| Address: | Federal Tax ID/SSN/ITIN: |
| City: | State: | Zip: |
| Telephone: | Fax: | Web site: |
| E-mail: | Contact Name: | Contact Phone #: |

**TYPE OF ORGANIZATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Partnership |  Individual |  Sole Proprietor |  Corporation |  LLC |  LLP |
|  Govt. Agency |  Foreign Govt. |  Foreign Partnership |  Foreign Individual |  Foreign Corporation |

**CLASSIFICATION** (Select all that apply)

|  |  |
| --- | --- |
| Small Business Programs: | Other Preference Programs: |
| Small Business Categories: | Ethnicity: |
|  Emerging Small Business |  Women-Owned Business |  American Veteran |  Disabled Veteran |

|  |
| --- |
| Certification: |
| If you select a classification that is certified by a Federal or State agency, you must provide a copy of your **certification** for each certifyingagency along with this application. |
| SIC CODE: | DUNS#: |

**PAYMENT OPTIONS** (Please Choose ACH or Check)

|  |  |  |  |
| --- | --- | --- | --- |
| ACH |  Check | ACH Action: | Bank Name: |
| Account Type: | Routing Number: | Bank Account Number: |

**ACH INSTRUCTIONS**

* Choose **Start,** if your payments from Catholic University are not processed electronically and you wish to start ACH.
* Choose **Change,** if you currently receive electronic payments and wish to change your financial institution's information.
* Choose **Stop,** if you wish to stop receiving your payments electronically.

## **Account Number:** Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

**Transit Routing Number:** This is the nine-digit number that identifies your financial institution. It is found in the bottom left- hand corner of your check.

**AGREEMENT**

I hereby authorize and request The Catholic University of America to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:(a) Written notification to the University; (b) Death or legal incapacity;(c) The financial institution or(d) The Catholic University of America.

THIS FORM MUST BE SIGNED AND DATED BY PAYEE. Signature above signifies acceptance of the terms and conditions in the

### AGREEMENT.

**CONFLICT OF INTEREST**

* Are you or any officer, director, owner or partner in this company an employee of The Catholic University of America?
* Is an immediate family member of any of the above an employee of The Catholic University of America? (Immediate Family Member means an Employee's spouse, child (including adopted and step child), parent, parent-in-law, sibling, legal guardian, or household member.)
* Does any University employee have an ownership interest in your firm that exceeds 5%?
* If “Yes” to any of the above, please provide the names of the individuals involved.

### Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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

1. I am a U.S. citizen or other U.S. person.
2. My Organization represents and warrants it has checked the U.S. General Service Administration's (GSA) Excluded Party Listing System (EPLS). The University will terminate any contract without penalty to the university if my organization becomes excluded during the life of any contract.
3. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by Law.
4. The vendor must complete a new form if any vendor information in this form changes.

|  |  |
| --- | --- |
| Signature: | Date: |
| Title: | Print Name: |
| **Please return the completed form by fax, e-mail or mail to:** |
| **Please Attach a voided check below for account verification.** |