



SAINT LOUIS UNIVERSITY

MASTER VENDOR FORM

BANNER VENDOR

PLEASE TYPE OR PRINT FORM

Rev 8/07

ADD

CHANGE

DELETE

Return to Julie Orr

Banner vendor number

ACCOUNT GROUP: (specify what type set up)

AP

used for remit to only

OF

need to create PO - purchasing & remit to address different

Is Vendor Incorporated?

Yes No

(if not incorporated and performing a service, an SSA and W-9 must be forwarded to the commitment office)

(if incorporated, request form MUST include vendors Fed ID #(TIN)

Does Vendor provide a medical service?

Is Vendor a Lawyer?

Is this a rental (property) Vendor?

Is this Child Support or Garnishment?
(no SS# or Fed ID required)

Minority Indicator _____
(see Table on Instructions page)

(if vendor does not have a federal id # request MUST include SS# w/owners complete name)

Owner's Name

Owner's SS#

Federal ID Number
format xx-xxxxxxx

VENDOR NAME:

STREET/PO BOX:

CITY:

STATE:

TERMS:

ZIP:

CONTACT NAME

TELEPHONE 1

TELEPHONE 2

E-MAIL ADDRESS:

Auto Fax Indicator

(mark with X)

net 30 is standard

IF TERMS OTHER THAN 30 ARE REQUESTED

PLEASE STATE REASON

Initiator name:

Date:

Requisition number:

Reason for request:

