

	<h2 style="margin: 0;">Supplier Information Form and W-9</h2> <p style="font-size: small; margin: 0;">Non-US tax resident individuals and entities and USG employees and students cannot use this process for vendor registration. Foreign vendors must complete the IRS W-8BEN form and the Foreign Vendor Profile Form. http://www.irs.gov/pub/irs-pdf/fw8ben.pdf Employees and students should contact the HR office at their institution.</p>	<p style="margin: 0;">Do Not Send This Form to IRS</p>
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Instructions:

1. Complete pages 1-3 of this form electronically. If you prefer to complete the form by hand, please print legibly in **black ink** and **clearly distinguish numbers**.
Note: Omissions of requested information on this form may result in delayed registration and/or payment.
2. Print and sign form.
3. Submit the form to your institution contact.

Email Submissions are not accepted.

Section 1 – Requesting Institution Information

USG Institution:	Contact Person and Phone #:
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Section 2 – Supplier Information

Transaction Type	<input type="checkbox"/> New	<input type="checkbox"/> Update/Change	Supplier #: *Institution Provides
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To request a **new** supplier account, please provide **all** requested information **Section 2a – New Supplier** and **Section 3 Financial Information**.
 To request a **change to an existing** supplier account, both **Old/Prior** and **New** information for change(s) in **Section 2b – Update/Change Existing Supplier** and **Section 3 Financial Information** is required to process the request.

Section 2a – New Supplier

Legal Name: <small>(Name Used On Tax Filing)</small>			
Contact Name: <small>*Required</small>			
Purchase Order (Invoicing) Address	<small>*Required if different from address provided on W-9.</small>		<input type="checkbox"/> Same as address provided on W-9.
Address: <small>(Street Name/No)</small>			
City:	State:	Zip Code:	
Payment (Remit) Address	<small>*Required if different from address provided on W-9.</small>		<input type="checkbox"/> Same as address provided on W-9.
Address: <small>(Street Name/No)</small>			
City:	State:	Zip Code:	
Telephone: <small>*Required</small>	Fax:		
Email:	<small>Clearly distinguish numbers for example, use 0 for zero and 1 for seven.</small>		
Website URL:	<small>Clearly distinguish numbers for example, use 0 for zero and 1 for seven.</small>		

Supplier Business Type Information

1. Are you primarily a supplier of services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Will you be selling supplies, goods, or merchandise to USG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Have you registered with the federal E-Verify Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	E-Verify Identification #
4. Do you expect to receive payment for any of the following from USG? Select all that apply. <small>*Required if you selected YES for option 1.</small>			
<input type="checkbox"/> My company is being paid for registration	<input type="checkbox"/> My company is being paid for services as a non-employee of USG (independent contractor)	<input type="checkbox"/> My company is being paid for awards/prizes	
<input type="checkbox"/> My company is being paid for repairs/maintenance	<input type="checkbox"/> My company is being paid for fellowship training stipend, or research participant	<input type="checkbox"/> My company is being paid for rent (real estate or machinery)	
<input type="checkbox"/> My company is being paid for expense reimbursement as a non-employee	<input type="checkbox"/> My company is being paid for honorarium	<input type="checkbox"/> My company is being paid for royalties	
<input type="checkbox"/> My company is being paid for legal services	<input type="checkbox"/> My company is being paid for short course instructor - professional education	<input type="checkbox"/> My company is being paid for medical or healthcare services	
<input type="checkbox"/> My company is being paid for public speaking or entertainment.			
5. Based on the State of Georgia classification in the link below, would your organization be a small business? http://www.georgia.org/business-resources/small-business-resources/Pages/small-business-tools.aspx		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Based on the State of Georgia classification in the link below, would your organization be considered a minority business? http://www.georgia.org/business-resources/small-business-resources/women-minority-business/Pages/default.aspx		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select your minority category below:			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American
		<input type="checkbox"/> Pacific Islander	
According to the Department of Administrative Services (DOAS) classification in the link below, are you a Georgia resident business? http://doas.ga.gov/state-purchasing/FAQ#9		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Section 2b – Update/Change Existing Supplier

Old/Prior Information

Legal Name: <i>(Name Used On Tax Filing)</i>					
Contact Name: <i>*Required</i>					
Purchase Order (Invoicing) Address <i>*Required if different from address provided on W-9.</i> <input type="checkbox"/> <i>Same as address provided on W-9.</i>					
Address: <i>(Street Name/No)</i>					
City:		State:		Zip Code:	
Payment (Remit) Address <i>*Required if different from address provided on W-9.</i> <input type="checkbox"/> <i>Same as address provided on W-9.</i>					
Address: <i>(Street Name/No)</i>					
City:		State:		Zip Code:	
Telephone: <i>*Required</i>		Fax:			
Email:	<i>Clearly distinguish numbers for example, use 0 for zero and 7 for seven.</i>				
Website URL:	<i>Clearly distinguish numbers for example, use 0 for zero and 7 for seven.</i>				

New Information

Legal Name: <i>(Name Used On Tax Filing)</i>					
Contact Name: <i>*Required</i>					
Purchase Order (Invoicing) Address <i>*Required if different from address provided on W-9.</i> <input type="checkbox"/> <i>Same as address provided on W-9.</i>					
Address: <i>(Street Name/No)</i>					
City:		State:		Zip Code:	
Payment (Remit) Address <i>*Required if different from address provided on W-9.</i> <input type="checkbox"/> <i>Same as address provided on W-9.</i>					
Address: <i>(Street Name/No)</i>					
City:		State:		Zip Code:	
Telephone: <i>*Required</i>		Fax:			
Email:	<i>Clearly distinguish numbers for example, use 0 for zero and 7 for seven.</i>				
Website URL:	<i>Clearly distinguish numbers for example, use 0 for zero and 7 for seven.</i>				

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Section 3 Financial Information

Method of Payment

Check
 ACH - Electronic Funds Transfer
*Remaining fields required for electronic payment.

ACH – Electronic Funds Transfer – Action Required (Select only One)

ACH - Electronic Fund Transfer Instructions

Use this form to start, change, or stop electronic payments from a USG institution. Employees should visit OneUSG Connect web portal to change payroll preferences.

Name:
Ensure the name on the Payment authorization matches the name listed on the Form W-9. Electronic payments will not be processed if the names do not match.

- Action Required:**
1. Select **Start** to set up electronic payments for the first time.
 2. Select **Change** to update banking information for electronic payments. Electronic payments will be stopped once a change request is received, and payments will be issued via check until the new banking information is verified and updated.
 3. Select **Stop** to terminate electronic payments and revert to check.

Account Type (Select only One)

Individual Checking
 Individual Savings
 Business Checking
 Business Savings

Action (Select only One)

Start
 Change
 Stop

Banking Information

*Required for ACH - Clearly distinguish numbers for example, use 0 for zero and 7 for seven.

Banking Information:

Routing number is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of a check. Include all leading zeroes in the account number.
Contact your financial institution for help with account numbers.

Suppliers should expect a phone call to verify banking information.

- Notes:**
- For first time ACH payments, pre-notification is required, which may take up to 10 days. Payments made before pre-notification process is complete will occur by check.
 - Electronic payments will only be made to U.S. banks.
 - For updates/changes, both **Old/Prior** and **New** information is required to process the request.
 - If a public phone number is not provided your banking information may not be validated, resulting in check payment.

Transaction Type	<input type="checkbox"/> Add	<input type="checkbox"/> Update/Change	
	Old/Prior	New	Notes
Bank Name:			
Routing Number:			
Account Number:			
Re-enter Account Number:			

Authorized Signature

For ACH only, this signature also signifies acceptance of the terms and conditions in the agreement below.

ACH Contact Name:	
Email for ACH Confirmation: *Required	
Signature of U.S. Individual:	Date:

AGREEMENT

- I hereby authorize USG or any affiliated institution to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that a USG Institution notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to the institution as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to the USG institution is not possible, I agree to immediately repay any erroneous deposits to the institution. I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by the USG institution in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to the institution, I hereby authorize the institution to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until USG Shared Services Center has received written notification from me of its termination in such time and manner as to afford USG SSC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to the USG institution. I certify that I am authorized to sign on behalf of my company.