

TEXAS TECH UNIVERSITY

Box 41094

Lubbock, TX 79409-1094

Part 1 - Vendor Setup Information

Name (as shown on your income tax return)			
Business name, if different from above			
Type of Business Check appropriate box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <div style="text-align: center; font-size: small;">(addtl Info reqd below)</div>			
Address:			
City, state, and zip code:			
TAXPAYER IDENTIFICATION NUMBER (TIN) _____			Social security number
Enter your TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding.			Employer identification
For individuals, this is your social security number (SSN). However, if you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN) - enter it in the social security number box			
For sole proprietors the IRS prefers you use your SSN, but if you have an EIN you may enter either your SSN or EIN.			
For Partnerships must furnish two partners names and SSN as shown on IRS records:		Partner 1 Name: _____	Social security number
		Partner 2 Name: _____	Social security number
Texas Corporation Charter? If yes, Charter # _____			
Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below			
Other explanation: <input type="checkbox"/> Corporation <input type="checkbox"/> Tax Exempt Entity <input type="checkbox"/> The United States <input type="checkbox"/> A state, <input type="checkbox"/> A foreign			
<div style="display: flex; justify-content: space-between; font-size: x-small;"><div style="width: 20%;">Note that there is no corporate exemption for medical & health care payments or payments for legal services</div><div style="width: 20%;">under 501 (a)(include s 501 C (3), or IRA</div><div style="width: 20%;">or any of its agencies or instrument alities</div><div style="width: 20%;">the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies</div><div style="width: 20%;">government or any of its political subdivisions or an international organization in which the United States participates under a treaty or act of Congress</div></div>			

Part 2 - Purchasing Setup Information

Vendor Purchase Order Info	Vendor Bid Info
Address/City, State _____	Address/City, State: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
Contact email: _____	Contact email: _____

Part 3 - Accounts Payable Setup Information

Vendor Remittance Info: Remit Address (primary)	Remit Address (secondary)
Address/City, St: _____	Address/City, St: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
Contact email: _____	Contact email: _____
(if additional remittance addresses are needed, please attach list)	

Part 4 - Minority Owned/Woman Owned/Veteran Owned/ Small Business

Are you a minority owned business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Texas HUB Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Texas HUB Certification # _____
***To be classified as small, minority-owned, veteran-owned, or woman-owned for federal purposes please see and complete the attached Self Certification Form and fax to 2-8076.	

TTUHSC Internal Use Only (vendors please leave this section blank)

Vendor Code Assigned: _____	EPLS Search <input type="checkbox"/>	HUB Search <input type="checkbox"/>
State Mail Code: _____	OIG Search <input type="checkbox"/>	Gender: _____
	HHS Search <input type="checkbox"/>	Ethnicity: _____