



Vendor Information Form

Please complete and return to Purchasing

Vendor name _____

Vendor address _____

Remit to address _____

(if different) _____

Phone _____ Fax _____

Primary contact(s) _____

Email address for primary contact _____

Email address for purchase orders _____

Website address _____

Individual/Sole proprietorship Partnership Corporation

Tax ID/SSN (must match W-9) _____

Services/Products offered _____

Is there any relationship between a Texas Wesleyan University employee and your company?

Yes No If yes, please describe _____

Is your company or its principals presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from cover transactions by any Federal department or agency?

Yes No

Do you accept purchasing cards? Yes No

Credit terms Net _____ days (our standard is Net 30)

Check all that apply:

Minority owned Woman owned Locally owned