Hampton University

Purchasing Department Hampton, VA 23668-0001 Phone (757) 727-5477 Fax (757) 727-5478 e-mail purchasing@hamptonu.edu

VENDOR RE	EGISTRAT	ION FORM
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For HU use only

Vendor Number:

Date:

Order From Address (This is the name and address that will appear on purchase orders and checks)

Company Name:		
Street/PO Box:		
City, State, Zip+4		
Contact Person and Title:		
_ Phone:	Fax:	
-		

Remittance Address (if different than Order From Address)

Company Name:		
Street/PO Box:		
City, State, Zip+4		
Contact Person and Title:		
Phone:	Fax:	

Classification Information

Class Type (please check one category if applicable)

 \bigcirc Minority-Owned Business (MBE)

O Woman-Owned Business (WBE)

O Minority Woman-Owned Business (MWBE)

Tax Information - REQUIRED

(Please note, a vendor's registrat	ion will not be conside	red by Hampton Universit	ty without the following information)	
Tax Reporting Name (Legal Nar	ne):			
Taxpayer Identification Number	er (TIN):			
Federal Tax ID # :		or Social Security #	or Social Security # :	
Note: The Federal Tax ID # or Socia	al Security # provided mu	ist be the correct number fo	or the Tax Reporting Name (Legal Name)	
Organization Type (Check one):			
\bigcirc Corporation and S-Corp	\bigcirc Individual	○ Partnership	Other	
Taxpayer Identification Number	(TIN) may give rise to correct TIN, the IRS re	a penalty from the IRS (C equires backup withholdir	1099-MISC. Failure to provide your Code Sec. 6723). If a payee account ng at 31%. Consequently, Hampton	

Authorized Printed Name:

Authorized Signature:

Date:_____