



Submit completed, signed Supplier Information Form to-
Email scan: customercareteam-pds@case.edu Procurement Policy: <http://www.case.edu/bizpolicies/>
Fax: Customer Care Team 216-368-5088
Mail: Customer Care Team
10620 Cedar Avenue
Cleveland, OH 44106-4909

Supplier Information Form

In order to receive payment from Case, the recipient must be added to PeopleSoft as a vendor. All fields marked * are mandatory on the Supplier Information Form. Incomplete submission cannot be processed and will be returned for completion. For businesses: Must be completed and signed by a designated company representative.

Supplier Information

*Name of Company or Individual

*Supplier Type

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Exempt Payee |

DBA (Doing Business As), if applicable

Business Type

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Other (please specify) _____ |

Business Size ☐ Small Business Concern ☐ Large Business Concern

*Please Check One ☐ Add as a new vendor to PeopleSoft ☐ Update existing entry (ID or Short Name) _____

Supplier Diversity Information

Check all that apply (Please attach copy of SBA certification)

- | | |
|--|---|
| <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Minority-Owned Business (MBE) |
| <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> HUB Zone - Historically Underutilized Business Zones |
| <input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE) | <input type="checkbox"/> HBCU / MI |
| <input type="checkbox"/> Women-Owned Business Enterprise (WBE) | <input type="checkbox"/> Other (please specify) _____ |

Supplier Business Addresses & Payment Information

*Remit to Address – Payment will be mailed here

*Address (Number, Street, and Apt or Ste number)

*City

*State

*Zip Code

*Email Address

*Phone Number

Fax Number

Supplier's Address (if different than address above) –or– Previous Address (if updating existing PeopleSoft entry)

Address (Number, Street, and Apt or Ste number)

City

State

Zip Code

Businesses, Do You Accept Credit Card Payments? ☐ Yes ☐ No

Ecommerce / PeopleSoft? ☐ Yes ☐ No

Supplier Contact at Case Western Reserve University

*Case Contact Name

*Contact Email

*Contact Phone

*Contact Department

*Contact Signature

W9 Certification of Supplier Information

The IRS requires that you provide information which allows us to complete 1099 reporting. Your payments may be subject to backup withholding if you fail to provide a correct Taxpayer Identification Number (TIN).

Note: US Persons filling out this form do NOT have to fill out a W-9, non US Persons must fill out a W-8BEN in addition to this form.

*Please enter your TIN (SSN or EIN) below

W9 Certification: Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number, and I am not subject to backup withholding as a result of a failure to report all interest or dividend income, and I am a US citizen or US person.

*Sign Here 

*Date _____