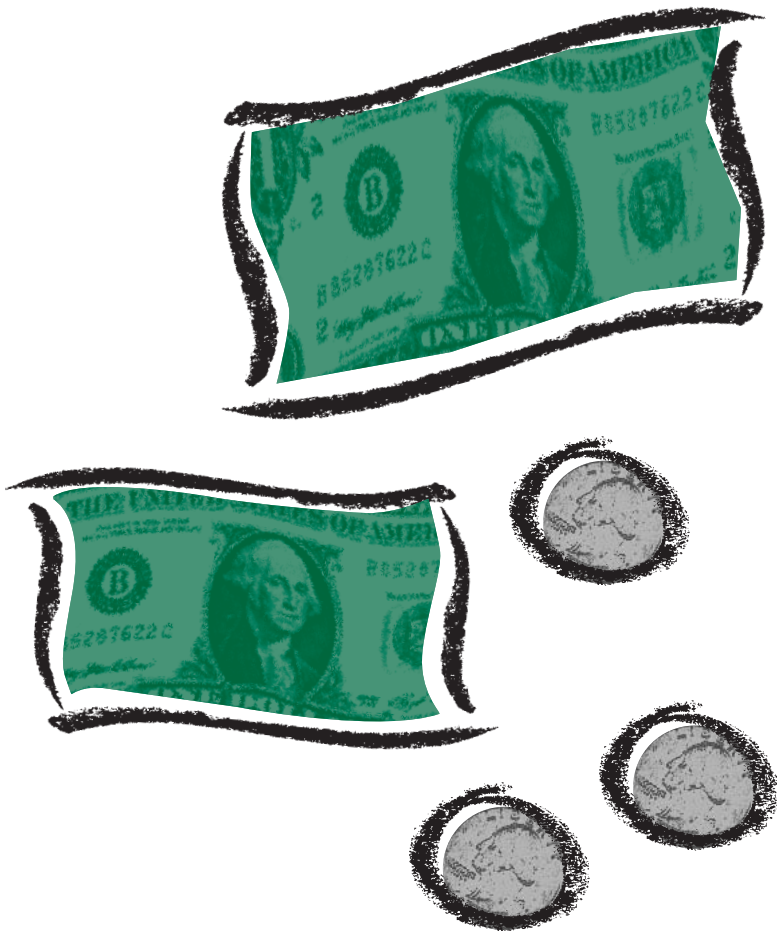




New York University

# Supplier Guide & Questionnaire

to Purchasing Services



# NYU PURCHASING POLICIES

## OFFICE

New York University Purchasing Services is located at 726 Broadway, 2nd Floor, between Astor Place and East 4th Street. Please call for an appointment at 212-998-1030 or call the respective Procurement Officers directly. Office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. Our Fax Number is (212) 995-4259. You may also visit our web site at [www.nyu.edu/purchasing.services](http://www.nyu.edu/purchasing.services) to obtain additional supplier registration information and Purchasing Services Procurement Officer commodity assignments.

## PURCHASING POLICY

We believe that an open, competitive atmosphere is beneficial to both buyer and seller, and it is our policy to foster this environment. We buy on the basis of definitive specifications, quality of product and service, competitive price and delivery.

## MINORITY AND WOMEN BUSINESS ENTERPRISE DEVELOPMENT

New York University is interested in providing maximum opportunity to Small Business Concerns Owned and Controlled by Socially and Economically Disadvantaged Individuals to become sources of supply for the University.

## PURCHASE ORDERS

All merchandise shipped, and any service performed exceeding \$1000, must have an authorized Purchase Order. Purchase Order numbers must appear on all shipping documents and invoices. The Purchase Order document signifies tax exempt status. University departments can make purchases less than \$1000 using i-Buy, an authorized University Purchasing Card, or a Small Dollar Order form.

## PURCHASE ORDER TERMS AND CONDITIONS

All information on the Purchase Order is important. Should you have any disagreement with this information, please contact the Procurement Officer. If no contact is made, the terms on the order become controlling. Therefore, the invoice will be adjusted and paid accordingly. A copy of our Purchase Order terms and conditions is available on our website at [www.nyu.edu/purchasing.services/register.htm](http://www.nyu.edu/purchasing.services/register.htm).

## NEW SUPPLIER

If you are interested in conducting business with New York University it is **required** that you fill out a Supplier Questionnaire Form and forward it to Purchasing Services. The Supplier Questionnaire Form is available on the web site at:

<http://www.nyu.edu/purchasing.services/register.html>

Fax the completed forms to 212-995-4259. A letter acknowledging receipt of your completed forms and subsequent instructions will be sent to you.

## GIFTS AND ENTERTAINMENT

University policy strictly prohibits the receipt of any gifts, gratuities, premiums or other incentives by all employees under any circumstances. We prefer that incentives be expressed in acceptable business terms, e.g., quality, service and price.

## DELIVERIES

It is important that all products or services be delivered according to the delivery date agreed upon at the time the order was placed.

## INVOICES

Invoices are paid net 30 days. No statements can be paid without a supporting invoice which must indicate the Purchase Order number. If you are seeking the status of an invoice, please contact our Accounts Payable office at 212-998-2990 or [CDV.APCS@nyu.edu](mailto:CDV.APCS@nyu.edu).

## RETURN OF MERCHANDISE

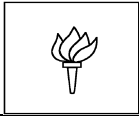
The University reserves the right to return merchandise which does not meet specifications. Such goods will be returned at the supplier's expense.

## INSURANCE REQUIREMENTS

All companies interested in conducting business with New York University must meet the insurance requirements indicated in the Purchase Order terms and conditions which are located on our website at [www.nyu.edu/purchasing.services/pdf/poboiler.pdf](http://www.nyu.edu/purchasing.services/pdf/poboiler.pdf)

## HOW TO GET THERE

For directions on getting to NYU's campus, please consult the Campus Information link located on the New York University website at [www.nyu.edu](http://www.nyu.edu). A Map to Administrative Services is also available on the Purchasing Services web site.



# New York University - Purchasing Services - Supplier Information Form

## Request for Taxpayer Identification Number and Certification

726 Broadway, 2nd floor New York, NY 10003-6687 Tel: (212) 998-1030 <b>Fax: (212) 995-4259</b> www.nyu.edu/purchasing.services	Return form via FAX by _____  Attn: _____	<i>For NYU Use Only</i>
		Fame id # _____ Req # _____

ALL SUPPLIERS MUST COMPLETE THIS FORM.  
PLEASE PRINT CLEARLY OR TYPE

Business / Invoice Name (as shown on your income tax return)	
Business / Invoice Name (if different from above)	
Business Type (check appropriate box)	
<input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC - Limited Liability <input type="checkbox"/> Exempt payee	
Corporation (Enter tax class, i.e. C=corp., P = partnership.....)	
Supplier Diversity information (check all applicable boxes)	
<input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Disadvantaged <input type="checkbox"/> HUB Zone <input type="checkbox"/> Small Business	
Address (number, Street, apt. or suite no.)	
City, State and ZIP code	
Internet Address	Telephone Number
Email Address	Fax Number
Representative's Name	Payment Terms: <input type="checkbox"/> Net (30) days <input type="checkbox"/> Other _____
Products/Services Provided	Consultant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remit to address (if different from address above)	

<b>Part I Taxpayer Identification Number (TIN)</b>	Social security number
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions on Department of Treasury Form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3 of the Department of Treasury Form W-9.	or
Note: If the account is in more than one name, see the guidelines on page 4 of the Department of Treasury Form W-9.	Employer identification number

<b>Part II Certification</b>
<i>Under penalties of perjury, I certify that:</i>
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or © the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person as defined in the Department of Treasury Form W-9. 4. <b>That my firm is not currently debarred, suspended, or proposed for debarment by any federal entity and I agree to notify the University of any change in status.</b>

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of dept, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Department of Treasury Form W-9 for complete instructions.)

<b>Sign Here</b>	Official Name (Print & Sign)	Date
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# BUSINESS PROFILE

Business Name \_\_\_\_\_

Date Company Estab. \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Owner/Officers \_\_\_\_\_

Sales Manager \_\_\_\_\_

Billing Contact Name \_\_\_\_\_

Is your company a division or subsidiary of a parent company?  NO  YES

If yes, please check the following:  Division  Subsidiary  Other (explain) \_\_\_\_\_

Parent Company Name \_\_\_\_\_

Parent Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business of Parent Company \_\_\_\_\_

Can your business supply NYU with a Certificate of Insurance? (See NYU Insurance Requirements)

YES If yes, please enclose.  NO

Which best describes your business?

Value Added Reseller  Mail Order Firm  Manufacturer

Wholesale Distributor  Discount Retailer  Other \_\_\_\_\_

We Ship Via  P.P.  U.P.S.  Motor Freight  Own Truck  Other (explain)

Delivery Time (Standard) \_\_\_\_\_

Prices offered to NYU to be F.O.B. Destination

**NYU is eligible to participate in and/or utilize contracts negotiated & awarded by:**

a. New York State, Office of General Services (OGS) - NYU I.D. #923

b. The new Jersey Hospital Association (HJHA/HPPI) - NYU I.D. #47226

c. The Educational and Institutional Cooperative Service (E & I) - NYU I.D. #3360

d. Broadlane Physician Services Program - NYU I.D #27076

e. Premier/Innovatix - NYU I.D. #611521

f. NYU Master Agreement

g. Educational Pricing

h. Other (please indicate) \_\_\_\_\_

Please indicate which pricing category you can offer NYU.

## REFERENCES

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact & Title \_\_\_\_\_

Account No \_\_\_\_\_ Phone No \_\_\_\_\_

### LIST THREE CLIENT REFERENCES:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact & Title \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact & Title \_\_\_\_\_ Phone No. \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact & Title \_\_\_\_\_ Phone No. \_\_\_\_\_

### I UNDERSTAND THAT:

1. The information provided will be disseminated within NYU only on a “need-to-know” basis.
2. NYU may request additional information to assist in evaluating this application.
3. NYU may terminate immediately any agreement entered into as a result of this application if NYU determines any of the information provided is not completely accurate or a fair representation of the firm’s business or proposed product offerings.

I certify that I am authorized to sign this document on behalf of your corporation.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_