



Francis Marion University
Vendor Application Form

Taxpayer ID Number: [] FEIN or [] SS

FMU Vendor #:
New Vendor: []
Vendor Info Change: []

Submit your W-9 form WITH this Vendor Application Form

Company Name or Individual Name (as shown on your income tax return):

Address:

City: State: Zip Code:

Contact Name: Contact E-mail Address:

This is also my address where Purchase orders should be sent. [] Yes or [] No

If you have a "Doing Business As" name, please include here.

Doing Business As (DBA) Name:

Address:

City: State: Zip Code:

This is also my address where Purchase orders should be sent. [] Yes or [] No

Payment Remittance Address

Payment Remittance Address:

City: State: Zip Code:

Contact Name: Contact E-mail Address:

This is also my address where Purchase orders should be sent. [] Yes or [] No

E-mail Address for receiving Purchase Orders from FMU:

Would you like to arrange for electronic payment. [] Yes or [] No

South Carolina Small and Minority Business Certification Number: Expiration Date:

Signature of Individual Completing Form: Date:

For FMU Use Only:

International Vendor Number (FMU will provide):

Purchasing Keyed by: Date: Accounting Reviewed by: Date: