



Supplier Information Form

New/Updates

Tel: 608-258-2010

Questions or Concerns contact: vendors@madisoncollege.edu

To comply with Federal regulations and tax reporting requirements, a W-9 is required to be on file. Please fill out completely along with a W-9 Form (or a W-8 if you are a Foreign Entity) and **return the documents to the College staff member you have been in contact with.**

New Supplier

Update Supplier

Supplier Legal Name (As it appears on your tax return): _____

DBA Name (if applicable): _____

Entity Type (choose one): Partnership Non-Profit Corporation Sole Proprietor/Individual

All suppliers must submit a completed W-9 Form

Other Specify: _____

Taxpayer Identification Type: Social Security Number/ Employer ID _____

Business Mailing Address:

Business Mailing Address _____

City _____ State _____ Zip _____ Foreign Province _____ Country _____

Sales Contact Name _____ Phone Number _____ Ext. _____

Sales Contact E-mail _____ Fax Number _____

PO E-mail Address (PO will be sent to this email address) _____

Payment Address (Remit to):
(If Different than Above)

Purchase Order/Payment Address _____

City _____ State _____ Zip _____ Foreign Province _____ Country _____

Payment Contact Name _____ Phone Number _____ Ext. _____

Payment Contact E-mail _____ Fax Number _____

If your preferred Payment Method is ACH, please complete the following: (Available for US only at this time.)

Financial Institution Name _____ City _____ State _____

Routing Number _____ Account Number _____ Savings Checking

Select Account Type Above

Madison College takes the security and safety of our Suppliers information seriously. To ensure a Supplier's protection, no change shall be made without a signature.

Name (please print) _____ Title _____

Signature _____ Date _____

Payment Terms: Standard Terms: Net 30 Days

Diverse Business Utilization

Supplier Diversity Information (Check all that apply):

<input type="checkbox"/>	MBE Minority-Owned Business Enterprise	<input type="checkbox"/>	WBE Woman-Owned Business Enterprise
<input type="checkbox"/>	DBE Disadvantaged Business Enterprise	<input type="checkbox"/>	VBE Veteran-Owned Business Enterprise
<input type="checkbox"/>	SBE Small Business Enterprise	<input type="checkbox"/>	Other: _____

Certifying Agency(s): _____

Certification Number(s): _____ Expiration Date: _____

**** Please provide a copy of certificate(s).**

If you would like to learn more about becoming a certified business in one of the above classifications and are a Wisconsin business¹, the agency(s) below will be able to assist you:

**1) Wisconsin Department of Administration, Division of Enterprise Operations
Wisconsin Supplier Diversity Program
Business Certification Program (MBE, WBE, DVB)**

<https://wisdp.wi.gov/>

608-267-9550

**2) Wisconsin Procurement Institute
Small Business Programs (SBA) – Certifications**

<https://www.wispro.org/federal-government/small-business-programs-certifications/>

- Small Business North American Industry Classification System (NAICS) codes
- SBA HUBZone Certification
- SBA Woman Owned Small Business (WOSB) Program
- Department of Veterans Affairs Veteran Verification Program (SDVOSB/VOSB)

**3) US Department of Transportation
Disadvantaged Business Enterprise (DBE) Program**

<https://www.transportation.gov/civil-rights/disadvantaged-business-enterprise>

¹ If you are an out-of-state business, your home state will have information on requirements to become a certified diverse business.
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