

Purpose of form:  Provide information for a new supplier  Update information for an existing supplier

Note: If initiating a contract for procuring goods or services from an international supplier, the supplier form will be required prior to contract execution.

Legal Name \_\_\_\_\_ DBA (Doing Business As, if applicable) \_\_\_\_\_ Business License #, ABN #, TIN # \_\_\_\_\_

If supplier payments should be made to an address different than that listed on Supplier's completed Form W-8, state payment address: \_\_\_\_\_

State what you will be provided to Carnegie Mellon:  Product  Service  Both

Description: \_\_\_\_\_

If services are being provided, are they being provided inside or outside of the U.S.?  Inside U.S.  Outside U.S.

By signing below, Supplier acknowledges it has received and reviewed CMU's [FCPA Guidelines](#).

Do you anticipate that it will be necessary to interact with any foreign officials on behalf of Carnegie Mellon?  Yes  No

Is any owner (or family member of an owner) an official of a foreign government?  Yes  No

Description: \_\_\_\_\_

### Business Information

Business Address: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address 2: \_\_\_\_\_ City, State, Province: \_\_\_\_\_

### Primary Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

### Secondary Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

To help ensure timely payment, please provide bank instructions in order to receive your payments via Electronic Funds Transfer.

Bank Name: \_\_\_\_\_ BSB # (AUS Only, 6 Digits): \_\_\_\_\_

Bank Address: \_\_\_\_\_ SWIFT Code: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Email remittance to: \_\_\_\_\_ Sort Code (UK Only): \_\_\_\_\_

Currency: \_\_\_\_\_ Note: Supplier banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

Note: A CMU representative will contact the supplier to verify the banking information provided.

RWANDA SUPPLIERS ONLY: Prior year tax return or receipt of prior year tax filings is attached?

Note: 15% backup withholding will be assessed on all payments if proper proof of tax filings is not provided.  Yes  No

CMU Purchasing Contact Name: \_\_\_\_\_ Campus Loc.: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Signature & Agreement: By signing this form, Supplier agrees that the information provided on this form is true and correct. The Supplier agrees to timely submit updated information in the event the information provided is no longer true and correct by completing and returning to CMU an updated Supplier Information Form.

*Signature of Supplier Authorized Representative* \_\_\_\_\_ Name & Title (Printed or Typed) \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only: If applicable, FCPA Review (Print Name): \_\_\_\_\_

Supplier # Assigned: \_\_\_\_\_ Approved by: \_\_\_\_\_

Maintained by: \_\_\_\_\_ Date: \_\_\_\_\_

Supplier in EPLS?  Yes  No Bank in EPLS?  Yes  No Ledger: \_\_\_\_\_

ICC Required?  Yes  No

Submit to:

\_\_\_\_\_

CMU Buyer Name

\_\_\_\_\_

Fax Number # / Email Address