

Supplier Registration Form

Please fill in all required fields and hit submit.

Please read this carefully before you fill out the form.

This form must be completed by an authorized representative of the payee organization or individual.

- A signed W-9 (for US Citizens and Legal Aliens) or W-8BEN (for foreign nationals) in PDF format must be submitted with the application to complete the enrollment process to obtain a Wellesley College Supplier ID. The College must obtain the payee's correct taxpayer identification number and legal name as it appears on his/her/its federal income tax return to report taxable payments made to suppliers and individuals.
- You can download W-9 [here \(https://www.irs.gov/pub/irs-pdf/fw9.pdf\)](https://www.irs.gov/pub/irs-pdf/fw9.pdf). You can download W-8BEN [here \(https://www.irs.gov/pub/irs-pdf/fw8ben.pdf\)](https://www.irs.gov/pub/irs-pdf/fw8ben.pdf).
- We have indicated which sections are required. Some sections are required based on your answers to some of the questions.
- It is important to know that after you submit, if we detect any errors, we WILL NOT show your Tax ID, Bank Routing Number or Bank Account Number. You MUST re-enter them.
- If there are errors on submission, you MUST re-upload any supporting files also.
- Wellesley College employees are prohibited from completing the supplier registration form on behalf of the supplier/individual.
- Missing information and documentation will delay the enrollment of your company in the Wellesley College Supplier Database.

Company or Individual?

Are you filling this out on behalf of a company or for yourself?

Company

Individual

Company Information (Required if you chose Company above)

Company Name

Tax ID (FEIN):

- Do not enter dashes
- If foreign supplier without a US TIN use all 999s.
- Must be 9 digits

DUNS (Do not enter Dashes)

Submitted By

Title of the person submitting

Individual Information (Required if you chose Individual above)

Individual (as shown on US tax return)

First Name:

Middle Name:

I don't have a middle name.

Last Name:

Tax ID (FEIN/SSN):

456768976

- Do not enter dashes
- If foreign supplier without a US TIN use all 999s.
- Must be 9 digits

Phone:

(Enter numeric characters only, USA include Area Code)

eg. 7812831111

Email

vbrandst@gmail.com

Business Organization Type

Choose one

- Corporation
- Corporation - Medical Services
- Corporation - Legal Services
- Limited Liability Company
- Individual
- Partnership
- Tax Exempt (attach Tax Exempt Certificate)
- Other

Business Ownership Certifications (optional)

By marking any of the selections below, the Supplier agrees to a self-certification process and solemnly affirms and attests that it possesses any claimed federal and/or state certification(s); and agrees to provide Wellesley College with supporting evidence of such at any time upon request. The Supplier acknowledges that its willful and false claim of these certifications may result in contract cancellations and/or suspension or debarment proceedings. The Supplier further accepts the responsibility to promptly report any certification changes to the Wellesley College Procurement Office.

Check all that apply

- Minority Owned Business - Federally Certified
- Woman Owned Business - Federally Certified
- Small Business - Federally Certified

Mailing Address/Contact Information (Everything except Street Address 2 in this section is required)

Mailing Addresses (known in Workday as Ship Addresses) must be a physical address and are used by Wellesley College to send solicitations, addenda, purchase orders, change orders, and purchasing correspondence or transactions via E-Mail, USPS Mail and/or courier/express service.

Street Address 1

Street Address 2

City

Country

State (For US Addresses please use the two letter code)

Zip

Phone:

(Enter numeric characters only, USA include Area Code)

eg. 7812831111

Email

eg. abc@someplace.com

Mailing Contact Name

Mailing Contact Title

Remittance Address/Contact Information

Remittance Address; used by Wellesley College Accounts Payable to send payments and accounting correspondence).

- Same as Mailing Address/Contact Information above

Street Address 1

Street Address 2

City

State (For US Addresses please use the two letter code)

Zip	<input type="text"/>
Country	<input type="text"/>
Phone: (Enter numeric characters only, USA include Area Code)	<input type="text" value="eg. 7812831111"/>
Email	<input type="text" value="eg. abc@someplace.com"/>
Remittance Contact Name	<input type="text"/>
Remittance Contact Title	<input type="text"/>
Supplier Payment Options (Required)	
Please Choose One	<input type="radio"/> I would like to receive the invoice payments via an ACH/EFT Transaction (required for foreign suppliers) <input type="radio"/> I would like to receive my payments by Check.
Bank Information (Everything below required for ACH/EFT)	
Bank Name	<input type="text"/>
Bank ABA/Routing Number	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="radio"/> Checking <input type="radio"/> Savings
Certificate of Insurance Information	
<p>Certificates of Insurance are required from all vendors who will be on the campus of Wellesley College while providing, selling, or distributing products and services and, in particular, those whose work is of a physical nature. Exceptions to these requirements may be made under limited or unique circumstances. Such exceptions must be approved after a thorough review by the Weliesley College Purchasing Department.</p>	
Certificate of Insurance applies	<input type="radio"/> Yes <input type="radio"/> No
Supplier Group Information	
<p>You must enroll in at least one Supplier Group; however, you may select as many Supplier Groups as applicable. (Use CTRL key to multiple select items)</p>	<input type="text" value="Selections
A/V & Electronics
Academic Technology
Advertising
Airline"/>
Upload Files	
Upload the completed and signed W-9 form in PDF format	<input type="button" value="Choose File"/> No file chosen
Upload the completed Certificate of Insurance in PDF format	<input type="button" value="Choose File"/> No file chosen
Other	<input type="button" value="Choose File"/> No file chosen
Electronic Signature	
<input type="text"/>	

Submit