

Section 1: To be completed by the SupplierSee instructions: <https://www.ppt.pitt.edu/sites/default/files/svfinstructions.pdf>**New Supplier Information** (see instructions [↑] for other changes)

Supplier Name _____

DUNS # (see instructions) _____

Purchase Order (send-to) Address _____

Purchase Order (send-to) Address, cont'd _____

Sales Contact: First Name _____ Last Name _____

Sales Contact: Ph# _____ Email _____ Fax# _____

Remit-To Address _____

Remit-To Address cont'd _____

➔ Reminder: Attach an IRS [form W-9](#) (for a U.S. supplier) or IRS [W-8 Series](#) (for a non-U.S. supplier)**Type of Organization** - Check all applicable selections:

- U.S. Person, as defined by the IRS: If checked, complete and include [IRS Form W-9](#).
- Foreign (non-U.S.) business or individual: If checked, complete and include an original [IRS W-8 Series](#)

Size & Demographics of U.S. Business

- U.S. Large Business
- U.S. Small Business - Check all applicable selections:
 - *HUB Zone Small Business (SBA Certified) *Institute for Entrepreneurial Excellence (IEE) Member
 - *LGBT Certified *Minority-Owned *Qualified Non-Profit for the Blind or Severely Handicapped
 - *Service-Disabled Veteran-Owned *Small Disadvantaged Business (SBA Certified)
 - *Veteran-Owned *Woman-Owned

Minority-Owned U.S. Business Enterprise Information - Check all applicable selections:

- *African American *Native American *Aleuts, Alaskan American *Asian Indian American
- *Asian Pacific American *Hispanic American *MBE/WBE Certified: If checked, include a copy of the certificate.

Authorization

By signing below, the supplier hereby certifies and represents that the information provided is correct, current, and complete. The authorized supplier representative also certifies that he or she will notify the University of Pittsburgh of any changes to said information. The supplier further agrees to accept purchase orders based upon the University of Pittsburgh's general [terms and conditions](#) and to provide [export control information](#) to the University as needed.

Name of Authorized Supplier Representative _____

Title of Authorized Supplier Representative _____

Signature of Authorized Supplier Representative _____

Date Signed _____

*FAR 52-219 (e) (4) Misrepresentation of business status as a small, small disadvantaged, small woman-owned, small HUB Zone, small veteran-owned, service disabled small veteran-owned concern for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties. Under 15 U.S.C.645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to the Small Business Act or any other provision of Federal law, shall be punished by imposition of fine, imprisonment, or both, be subject to administrative remedies including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.