** Vendor Setup Package**

Dear Vendor:

Completion of the enclosed **Vendor Setup Package** is required to authorize spend, generate purchase orders, and to process invoices in a timely manner for payment. This **Vendor Setup Package** includes the minimum list of essential information for Scantron to establish any viable vendor. Other Procurement contracts may be required before vendor engagement is authorized due to the nature of our business, for a service to be performed on our premises, or with any access to proprietary data or systems.

The **Vendor Setup Package** includes:

* **W-9 Form** <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
	+ The U.S. Federal Tax Law requires that payers (Scantron) maintain a file with payee tax identification numbers and payee type. Completing the attached W-9 Form is required; old forms will not be accepted.
	+ Failure to provide requested information may prevent or delay payments; a 28% backup withholding may be imposed and you may risk a penalty.
	+ **PLEASE NOTE:** If you are an LLC, you must use the second row of the Tax Classification field and enter the LLC class type as required in that line.
	+ **Foreign Entities:** Federal Law requires payers (Scantron) to obtain additional information on foreign payees/vendors. Please complete page 2 regarding your company’s status and product or services provided. The **W-8 Form** may be required. <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
* **Vendor Information Form (this form)**
* **Reportable Class Information (included on this form):** Required for Federal and Contractual Reporting.

The **Vendor Setup Package** must be completed and returned in its entirety. Do not leave any question blank or the package will be returned to be completed. Mark any questions that do not apply to you as **‘N/A’** or **‘not applicable’**. Email the entire vendor Setup Package and W-9 or W‑8 to VendorSetup@scantron.com.

Forward all questions regarding the Vendor Setup Package to the email address above. You may also contact the Vendor Setup & Maintenance Department by phone at 866-599-0461.

Thank you for your prompt attention to this request.

***Scantron***

***Vendor Setup & Maintenance Department***

**\*SCANTRON PRIMARY CONTACT INFORMATION**

### Scantron Contact Name Click or tap here to enter text.

### Scantron Contact Title Click or tap here to enter text.

### Scantron Contact Email Click or tap here to enter text.

**VENDOR INFORMATION**

**Vendor’s Legal Business Name:** Click or tap here to enter text.

**DBA** (Doing Business As)**:** Click or tap here to enter text.

## Vendor/Payee Corporate Offices:

### Corporate Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Remit to Vendor Payee:** *(leave blank if this is the same as the corporate location)*

### Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Payment Type**: *(please check one****)*** [ ]  **CHECK** [ ]  **ACH** [ ]  **WIRE**

**If you choose electronic payment, please provide information below**:

Name of Bank**:** Click or tap here to enter text. Payee/Name on Bank Account: Click or tap here to enter text.

Full Bank Address: Click or tap here to enter text. Email for Remittance: Click or tap here to enter text.

Acct # (or IBAN#): Click or tap here to enter text. ABA/Routing number: Click or tap here to enter text.

SWIFT Code (Intl): Click or tap here to enter text. Sort Code (Intl):

Note that the routing number is different depending on whether it is for ACH or Wire. Please enter the number carefully.

**Contact Information:**

### Primary Contact Name Click or tap here to enter text.

### Primary Contact Title Click or tap here to enter text.

### Primary Contact Email Click or tap here to enter text.

### Billing / Accounts Receivable Contact Name(s): Click or tap here to enter text.Title: Click or tap here to enter text.Phone: Click or tap here to enter text. Fax: Click or tap here to enter text. Email: Click or tap here to enter text. Web Address: Click or tap here to enter text.

Email for Purchase Orders: Click or tap here to enter text.

# REPORTABLE CLASS INFORMATION

Government and contractual reporting requires us to gather the following:

## Are you/your business classified as a Small, Woman-Owned, Veteran, Service Disabled, HUB Zone or Disadvantaged Business?

[ ]  **Yes** [ ]  **No** (If no, skip table below and sign)

### Please check all the below classifications that apply to you/your business and attach a copy of any signed Compliance Certificate or issued certification forms along with this vendor Setup Package.

|  |  |  |
| --- | --- | --- |
| **Check Type** | **Certifying Agency** | **Is your business Self-Certified?** |
| [ ]  HUB Zone Enterprise | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| [ ]  Small Business Enterprise | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| [ ]  Small Disadvantaged Business | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| [ ]  Veteran Owned Enterprise | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| [ ]  Service Disabled Veteran Owned | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| [ ]  Woman Owned Enterprise | Click or tap here to enter text. | [ ]  Yes [ ]  No |

Contact Name: Click or tap here to enter text. Title: Click or tap here to enter text.
Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.
Email: Click or tap here to enter text.

**Definitions of Terms**

**HUB Zone Small Business** is defined as a small business concern that appears on the List of Qualified HUB Zone Small Business Concerns maintained by the Small Business Administration.

**Small Business Enterprise** is defined as a business that does not exceed the Small Business Administration’s size standards, which vary by work category. Information about size standards can be located <https://www.sba.gov/document/support--table-size-standards> and clicking on the current table version

**Woman Owned Small Business Enterprise** is defined as a business that is 51% owned, controlled and primarily managed by a woman who is a US citizen.

**Disadvantaged Small Business Enterprise** is defined as a business that is 51% owned, controlled and primarily managed by a socially and economically disadvantaged individual. To be regarded as economically disadvantaged, an individual must have a personal net worth that does not exceed $250,000.

**Veteran Owned Small Business** is defined as a business that is 51% owned, controlled and primarily managed by an honorable discharged veteran (Must be eligible for veteran benefits).

**Service Disabled Veteran-Owned Business** is defined as a business that is 51% owned, controlled and managed, by an honorable discharged veteran, with a service connected disability (Must be eligible for veteran benefits).

**FOREIGN PAYEE INFORMATION**

If you are a foreign payee please complete the information below.

* Foreign Individual: Are you a citizen of a foreign country? [ ]  Yes [ ]  No
Country of Residence: Click or tap here to enter text.
* Foreign Owned Entity:
Country of Incorporation/Registration: Click or tap here to enter text.

If you are providing a service, in what **country** will the services be performed?
Click or tap here to enter text.

 **\*NOTE – If you are a Foreign Vendor, but a service is provided within the U.S. you will be asked to complete a W-8.**

**CERTIFICATION**

Vendor certifies that all of the information provided within this vendor Setup Package and its attachments is accurate to the best of the signatory knowledge. Executed on this Click or tap here to enter text. day of Click or tap here to enter text., 20 Click or tap here to enter text.

Certifying vendor: Click or tap here to enter text.

Signature:

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Email entire Vendor Package to VendorSetup@scantron.com