

MICHIGAN STATE
UNIVERSITY
Supplier Information Form

Company Name (as shown on income tax return): _____

MSU Customer number for PO use: _____

Company Acronym/DBA: _____

Contact Name: _____

Street Address: _____

Phone No: _____ - _____ - _____

City, State and Zip: _____

Toll Free Phone No: _____ - _____ - _____

E-mail: _____

Fax No: _____ - _____ - _____

Web site: _____

Dealership Distributor Manufacturer

Purchase Orders and Requests for Quotations

Remittance/Checks/Payments (as on invoice)

Company Name: _____

Company Name: _____

Address: _____

Address: _____

City, State, Zip _____

City, State, Zip: _____

Payment Terms: 2%10NET30 NET30 OTHER: _____ Does your firm accept Credit Cards? Yes No

Shipping Terms (check one): Department Pick-up FOB Destination FOB Shipping Point Freight Collect (MSU preferred carrier)

Other: _____

FOR REPORTING PURPOSES ONLY - OPTIONAL

Is the company a business in which at least 51% is owned by: (check all applicable lines):

African/Black American

American Indian or Alaskan

Asian

Disabled

Disabled Veteran

Hispanic or Latino

HubZone (location)

Native Hawaiian or other Pacific Island

Small Business

Small Disadvantaged Business or 8(A)

Veteran

Woman

Commodity(s): _____

Authorized Signature: _____

Print Name: _____

Title: _____ Date: _____