UNIVERSITY OF NOTRE DAME

Supplier Add Check List

1) How would you like your Supplier Name to appear on purchase orders and payments

2) Would you prefer POs to be submitted via email or fax. Please check below and insert

☐	Email:	☐	Fax Number:

3) Please provide the following information:

Address, City, State, Zip Code:
Phone:
Email:
Fax:
Website:
Contact Name:
Direct Phone Number:
Email:

4) Supplier Classification: ☐Small Business ☐Minority Business ☐Woman Owned ☐ Disabled ☐Veteran Owned ☐Disabled Veteran ☐Hub Zone ☐Disadvantaged Business ☐SBA8(A) ☐Historically Black College & Univ. ☐Ability One ☐Alaskan Native ☐Women Owned Small Business ☐ Economically Disadvantages Women Owned Small Business ☐ GLBT ☐ Small Disadvantaged Business
Please attach supporting documentation (i.e. certificate or license)

5) Do you have a Minimum Order Requirement? ☐ Yes ☐ No If yes, enter amount here $_____

6) Do you require a Tax Exempt Certification? ☐ Yes ☐ No
Notre Dame is a non-profit and exempt from sales tax

7) Do you require Credit references? ☐ Yes ☐ No

8) A W-9 is required for payment:
Email either email a PDF of the W-9 to Notre Dame Accounts Payable at acctpay@nd.edu or fax the W-9 to (574)631-6378.

9) Please sign and return the attached PO Terms and Conditions. If you will be delivering by your vehicles or providing services on campus, please return an Insurance and Indemnification Agreement, ***signed***, to : msommer2@nd.edu.