

VENDOR SETUP REQUEST FORM

Please complete the top portion of the form and provide your W-9 (or W-8BEN if non-U.S. entity) and send all documentation to finance@bvari.org.

Request: New Vendor Change Vendor New Vendor Address

Supplier: Vendor Individual/Sole Proprietor

Vendor/Payee Legal Name

Trade Name (DBA)

Vendor/Payee Contact Information:

Name (*first, last*)

Phone Number

Email Address

Website

Vendor/Payee Permanent/Tax Reporting Address

Vendor/Payee Mailing Address (if different than permanent address)

Address (*Street, City, State, Zip, Country*)

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Legal Entity Type

Small Business Concern:

Individual – US citizen or US permanent resident (“green card”)

Minority-Owned:

Individual – Not a US citizen or US permanent resident (“foreign national”)

Women-Owned

US – Sole Proprietorship

Disadvantaged

US – Partnership/LLC

HUB-Zone

US Corporation (includes 501(c) 3, US College/University):

Veteran-Owned

US Government Agency:

Service-Disabled Veteran-Owned

Non-US:

Other (please specify):

VENDOR/PAYEE AUTHORIZATION:

Name (*first, last*)

Title

Signature

INTERNAL BVARI USE ONLY:

Payment Terms:
 Vendor Type:

Verified Vendor/Payee is not on the following:

[SAM.gov Exclusions List \(for federal procurement\)](#)

[Office of Inspector General of the Dept. of Health & Human Services List of Excluded Individuals/Entities](#)

[FDA Office of Regulatory Affairs Debarment List](#)

[\[For non-U.S. vendor\] International Trade Administration Restricted Party Screening List](#)