

Louisiana State University

Procurement Office

Vendor Enrollment Application Form

Vendor Name	_									
[required]	[Division/DBA								
Business URL [optional]	-									
Tax ID Number [required]	[FEIN/SSN	I]								
Business Organ	nization Ty	<u>rpe</u> [rec	quired; select one]							
☐ Corporation ☐ Corporation — Legal Services ☐ Corporation — Medical Services										
☐ Limited Liabil	lity Compar	ny	☐ Individual	☐ Partnership	Other					
Submitted By	Name									
[required]	Phone									
Business Owne	rship Cert	ificatio	ons [optional; check all that	applyj						
☐ Minority Own	ed Busines	ss – Fe	derally Certified							
☐ Woman Own	ed Busines	ss – Fe	derally Certified							
☐ Small Busine	ss – Feder	rally Ce	rtified							
☐ Emerging Bu	siness – LA	A Dept	of Economic Development	Certified						
Vendor agrees to and/or state cert The Vendor ack and/or suspension	o a self-cei ification(s); nowledges on or debai	rtification; and against that its strengt per	on process and solemnly a grees to provide LSU with s willful and false claim of	ffirms and attests that supporting evidence of these certifications ma	r Enrollment Application form, the it possesses any claimed federal of such at any time upon request. ay result in contract cancellations sponsibility to promptly report any					
Taxpayer Identi	fication Nu	umber	(TIN) Certification [require	ed]						
Check your resp Form W-9.	onses to th	ne three	e statements shown below	as made and certified	d on your Company's Federal IRS					
Under penalties	of perjury, I	I certify	that:							
☐ I am not subje	ect to backı	up with!	holding.							
☐ I am a U.S. pe	erson (inclu	uding a	U.S. resident alien).							
☐ The number (FEIN or SS	SN) shc	own on this form is my corre	ect taxpayer identificati	on number.					
Note: Additional information and instructions regarding these certifications are found on IRS Form W-9.										

State Region Enrollment [required]

Vendors *must express their interest* by self-enrolling in their desired State of Louisiana Region(s) in which they are willing and able to conduct responsible business. Vendors *must* enroll in at least one (1) state delivery region; however, may enroll in multiple or all state regions as desired.

LSU ca	mpuses us	sing the	e-PRO V	endor Da	atabase are	located	d in the fo	ollowing state regions:		
	Baton F	Region 2		• Eunice -	Region	า 4	Alexandria - Region 6			
Note: L	SU AgCen	ter Rese	earch Sta	tions are	regionally lo	ocated	statewid	le.		
Check	those Sta	te Regio	ns in wl	nich you	wish to pa	rticipa	te/enroll	l:		
□ 1	☐ 2 Baton Ro	☐ 3 ouge	☐ 4 Eunice	□ 5	☐ 6 ☐ Alexandria] 7 a	□ 8	☐ All Regions		
				-				ntions, addenda, purchase orders, or USPS Mail]		
Address	S									
City										
State _			Zip Cod	le / + 4 _		_/		Country		
Phone/I	Ext					_ To	II Free/E	xt		
Fax						_ E-	mail			
Mail-To	Contact	[required	d]							
Name a	and Title _									
Ship-To	o Address	[require	ed if diffe	rent from	Mail-To add	dress ii	nformatio	on; used by LSU Procurement to send purchasing		
transac	tions via c	ourier/ex	press se	rvice]						
☐ San	ne as Mail	To Addı	ess	☐ Diffe	erent as indi	cated b	elow			
Address	S									
City										
State _			Zip Cod	le / + 4 _		_/		Country		
Phone/I	Ext					_ To	ll Free/E	xt		
Fax						_ E-	mail			
Ship-To	o Contact	[require	d if differ	ent from	Mail-To con	tact inf	ormation]		
☐ San	ne as Mail	To Cont	act	☐ Diffe	erent as indi	cated b	pelow			
Name a	and Title									

		ifferent from Mail-T ccounting correspo		ess information; used by LSU Accounting
☐ Same as Mail-	•		ip-To Address	☐ Different as indicated below
Address				
City				
State	Zip Co	ode / + 4	/	Country
Phone/Ext			Toll Free/E	Ext
Fax			E-mail	
Remit-To Contac	<u>t</u> [required if dif	fferent from Mail-To	o or Ship-To conta	ct information]
☐ Same as Mail-	To Contact	☐ Same as Sh	ip-To Contact	☐ Different as indicated below
Name and Title				
Commodity Enro	Ilment [require	ed]		
	esired. Enrolln			wever, may enroll in as many commodity class- dity class level for inclusion in all associated
Complete the atta	ched 'Commodi	ity Class-Subclass	Enrollment' form.	
our website, www	.fas.lsu.edu/pur ring free public	chasing/commcode access to the in	e.htm. Vendors w	ss descriptions, is accessible electronically at ithout internet service may visit any local library sit their LSU Procurement Office to manually
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If you have any c [ph (225) 578-21 commodity enrollr	76 / fax (225)	ed assistance with 578-2292 / e-ma	vendor enrollmen il <u>purchase@lsu.e</u>	nt, please contact the LSU Procurement Office edu]. Return your completed application and
			ana State Universi	

Louisiana State University Procurement Office 213 Thomas Boyd Hall Baton Rouge, LA 70803

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THANK YOU FOR ENROLLING WITH LSU!



# Louisiana State University Procurement Office Commodity Code Enrollment Form

| Vendor Name   |            |  |  |  |
|---------------|------------|--|--|--|
| Tax ID Number | [FEIN/SSN] |  |  |  |

Vendors must enroll in at least one (1) commodity class and subclass; however, may enroll in as many commodities as desired. Enrollment at the general 3-digit commodity class level for inclusion in all associated subclasses is not allowed.

Enter the LSU Commodity Class <u>and</u> Subclass Numbers below for those goods and/or services for which you wish to be considered for LSU procurement opportunities.

| Class | Sub | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
|       |     |       |     |       |     |       |     |       |     |       |     |
|       |     |       |     |       |     |       |     |       |     |       |     |
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Make additional copies of this form if necessary for additional commodity class-subclass enrollments.