

Supplier Qualification Form

To Be Completed by Supplier- please complete *required fields

NOTE: Supplier name should match both W-9 (or W-8) and Invoice.

*Supplier Name:		*Payee name (Check Payable To):		
Supplier DBA		*Taxpayer ID:		
(if applicable):		(SSN, TIN)		
Supplier Website:		*Email to receive PO's:		
			-	
Primary Business Address (NO PO Boxes)		Business Structure	This company is (check one):	
* A al alua a a u		O Individual		
*Address:		O Sole Proprietorship. Name of owner:		
		Are you, or any member of your immediate family or household,		
*City, State, Zip:		a TCU employee? O Yes O No If Yes, List Names:		
*Country:				
*Phone:		O Single-Member LLC		
		O C Corporation O Partnership	O S Corporation	
		Is any partner, member of his/her immediate family, or member		
		of his/her household a TCU employee? O Yes O No		
Remittance Address O Same as above				
		If Yes, Name of all partners:		
(If multiple remit addre	sses, provide a list)			
Address:				
		O Trust / estate		
City, State, Zip:		Ltd Liability Co (C-corp	· · · · · · · · · · · · · · · · · · ·	
Country:		O Nonprofit	O Education Institute	
Phone:		O Government Entity		
		O Other: (Description)		
NOTE: Texas Christian University has standard payment terms of Net 30. Payment terms other than Net 30				
must be requested by the Supplier and agreed to in writing prior to supplying products/services to the university.				
I certify that the information provided on this form is complete and accurate and I have				
read the Conflict of Interest excerpt below.				
*Signature		Title:		
*Printed Name		Date:		

Conflict of Interest

- 1 All faculty and staff must report the existence of a potential or real conflict of interest prior to the commitment of funds. If a potential or real conflict exists, it must be reported to the Office of the Vice Chancellor on a Disclosure Report
- 2 Potential or real conflicts of interest that must be reported include but are not limited to:
 - a) **Significant ownership** in an entity providing services, supplies, or equipment to the University in an amount greater that \$2,500 in a fiscal year.
 - b) **Immediate family** or business partner who is employed in companies used by the University and who stands to benefit directly from the purchases (i.e. sales representative, service employee, significant owner, etc.)
 - c) Receipt of consulting fees, salary, or other items of monetary value from an entity seeking to or doing business with the University in amounts exceeding \$250 per occurrence or \$500 per fiscal year.
- 3 Each purchases with a potential or real conflict is required to submit a Disclosure Report form to the Office of the Vice Chancellor stating the nature of the conflict. The report will detail the potential or real conflict or interest and will explain how the conflict will be managed, reduced, or eliminated.

Definitions of Terms:

Significant ownership - Defined as the lesser of 5% ownership or \$10,000.

Immediate Family - Defined as descendants, parents, aunts, uncles, brothers, sisters, wards or domestic partners of the faculty or staff member or his/her spouse.