



CSN PURCHASING DEPARTMENT  
 3200 E. CHEYENNE AVE., J1C  
 N. LAS VEGAS, NV 89030  
 PHONE (702) 651-4320  
 FAX (702) 651-4348

**VENDOR APPLICATION PROFILE**

Initial Application       Revision      Date \_\_\_\_\_

**VENDOR INFORMATION**

Employer Identification #/SSN #: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_

Individual Taxpayer Identification Number (ITIN): \_\_\_\_\_  
 (only if you are a Permanent Resident Alien without a Social Security Account No.)

Individual or Company Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_ President's Name: \_\_\_\_\_  
 (if different from above Individual/Company Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**LEGAL STRUCTURE**

Sole Proprietor     Partnership     Corporation     Limited Liability Company     Non-Profit     Other : \_\_\_\_\_

**TYPE OF ORGANIZATION**

**MINORITY OWNED BUSINESS** - An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of (check one) African American, Hispanic American, Asian-Pacific American, or Native American ethnicity.

**WOMEN OWNED BUSINESS** - An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more women

**PHYSICALLY CHALLENGED BUSINESS** - An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act

**VETERAN/DISABLED VETERAN** - An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more veterans/disabled veterans who have served in the active military and discharged under conditions other than dishonorable.

**SMALL BUSINESS ENTERPRISE** - An independent business which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, veterans, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

If you have checked any of the above, have you been certified?  NO  YES  
 If yes, by what Agency? \_\_\_\_\_

**PRODUCTS AND/OR SERVICES OFFERED**

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Advertising / Marketing | <input type="checkbox"/> Computer Software               | <input type="checkbox"/> Furniture                     | <input type="checkbox"/> Medical                    |
| <input type="checkbox"/> Arts & Crafts           | <input type="checkbox"/> Construction Contractors Class: | <input type="checkbox"/> Gasses/Fuel                   | <input type="checkbox"/> Musical                    |
| <input type="checkbox"/> Athletic                | <input type="checkbox"/> Construction Materials Specify: | <input type="checkbox"/> Glass                         | <input type="checkbox"/> Office Supplies & Equip    |
| <input type="checkbox"/> Audio/Visual Equipment  | <input type="checkbox"/> Consulting Services Specify:    | <input type="checkbox"/> Hardware, Locks & Tools       | <input type="checkbox"/> Photography                |
| <input type="checkbox"/> Automobiles & Equipment | <input type="checkbox"/> Custodial/Janitorial            | <input type="checkbox"/> Hazardous Materials/Chemicals | <input type="checkbox"/> Printing                   |
| <input type="checkbox"/> Books & Publications    | <input type="checkbox"/> Dental                          | <input type="checkbox"/> HVAC                          | <input type="checkbox"/> Security                   |
| <input type="checkbox"/> Catering                | <input type="checkbox"/> Electrical                      | <input type="checkbox"/> Laboratory/Science            | <input type="checkbox"/> Staffing, Temporary        |
| <input type="checkbox"/> Collections, Financial  | <input type="checkbox"/> Entertainment                   | <input type="checkbox"/> Landscaping                   | <input type="checkbox"/> Training Services Specify: |
| <input type="checkbox"/> Communications          | <input type="checkbox"/> Fire Prevention                 | <input type="checkbox"/> Library                       | <input type="checkbox"/> Travel                     |
| <input type="checkbox"/> Computer Hardware       | <input type="checkbox"/> Food Service and Equipment      | <input type="checkbox"/> Mail/Delivery Service         | <input type="checkbox"/> Uniforms & Clothing        |
|  |  |  | <input type="checkbox"/> Other Specify:             |

**CONFLICT OF INTEREST STATEMENT**

The Nevada System of Higher Education (NSHE) Board of Regents Handbook Title 4, Chapter 10, Section 1.7 prohibits a NSHE employee from being a contractor or vendor of services to any NSHE institution under any authorized contract or purchase order. It also prohibits the NSHE employee to be interested, directly or indirectly, through any member of the employee's household (as defined by NRS 281.434) or through any business entity in which the employee has a financial interest, in any contract or purchase order where there is compensation or profit of any kind. An employee at CSN is a NSHE employee.

Does this entity have a conflict of interest as described above? \_\_\_\_ Yes \_\_\_\_ No

Please explain a yes answer

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Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you, and because the payment is reportable on an information return to the IRS, you are required by law to provide your correct Social Security Number or Employer Identification Number to us. If you do not provide us with this information, your payments may be subject to 30% federal income tax backup withholding (29% after December 31, 2003). Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 30% of its payment to you (29% after December 31, 2003). Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

- Instructions:**
1. Complete Part 1 by completing the **one row of boxes** that corresponds to your tax status.
  2. Complete Part 2 if you are exempt from Form 1099 reporting.
  3. Complete Part 3 by filling in all lines
  4. Return this completed form to us in the enclosed envelope.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary.

**Note to U.S. Resident Aliens who formerly were Nonresident Aliens:**

If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:

1. The treaty country
2. The treaty article about the income
3. The article number for the "saving clause"
4. The type and amount of income that qualifies for the saving clause
5. Facts that provide a sufficient explanation of why the saving clause applies.

**Part 1 – Tax Status:** (complete only one row of boxes)

**Individuals:**  
(Fill out this row.)

|   |   |
|---|---|
| Individual Name: (First name, middle initial, last name)<br>_____ | Individual's Social Security Number<br>____-____-____ |
|---|---|

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

**Sole Proprietor (or an LLC with one owner):**  
(Fill out this row.)

|   |  |  |
|---|--|--|
| Business Owner's Name: (REQUIRED)<br>(First Name) _____ (Middle initial) _____<br>(Last name) _____ | Business Owner's Social Security Number<br>____-____-____<br>or Employer ID Number<br>____-____-____ | Business or Trade Name (OPTIONAL)<br>_____ |
|---|--|--|

**Partnership (or an LLC with multiple owners):**  
(Fill out this row.)

|                               |  |   |
|-------------------------------|--|---|
| Name of Partnership:<br>_____ | Partnership's Employer Identification Number<br>____-____-____ | Partnership's Name on IRS records<br>(see IRS mailing label)<br>_____ |
|-------------------------------|--|---|

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

**Corporation, or Tax-Exempt Entity:**  
(Fill out this row.)

|   |  |
|---|--|
| Name of Corporation or Entity:<br>_____ | Employer Identification Number<br>____-____-____ |
|---|--|

**Part 2 – Exemption:** If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> <b>Corporation</b><br>Note that there is <u>no</u> corporate exemption for medical and healthcare payments or payments for legal services. | <input type="checkbox"/> <b>Tax Exempt Entity</b> under 501(a) (includes 501 (c)(3)), or IRA | <input type="checkbox"/> <b>The United States</b> or any of its agencies or instrumentalities | <input type="checkbox"/> <b>A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies</b> | <input type="checkbox"/> <b>A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress</b> |
|---|--|---|--|--|

**Part 3 – Signature:** I am a U.S. person (including a U.S. resident alien).

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tax correspondence address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

*If address for payments is different, please list payment remit address below:*  
\_\_\_\_\_  
\_\_\_\_\_