UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources

Supplier Account Setup Checklist & Questionnaire

Developed by the University of California Agriculture & Natural Resources Business Operations Center

- **WHAT does it include?** Checklist and questions required for setting up a Supplier Account for payments via check, ACH and Credit Card.
- **WHO should complete it?** The Supplier should complete this questionnaire (ideally through the online registration form below, however, a representative can complete the questionnaire on the Supplier's behalf.
- **WHEN should this be completed?** As soon as you know there is a possibility of doing business with the Supplier. Account setup times may vary. Addresses and contacts should be reviewed and updated annually.
- **HOW? The Supplier can complete the questionnaire directly for fastest setup time:** **New Supplier Registration Form**

Tips and additional information:

- Review the questionnaire before deciding who should be involved in completing each section and gather any materials/documents you may need.
- Do your best to estimate the current situation so that account setup time is incorporated into your timeline.
- Checklist of forms needed:
  - ☐ Completed W9 or W8 Form ***(DO NOT request form for individuals where it contains a Social Security number - see alternate steps on page 4)***
  - ☐ Completed Certificate of Insurance (if applicable)
  - ☐ Completed Conflict of Interest Form (if applicable)
  - ☐ Completed Franchise Tax Board Form 590 (if applicable - **not required**)
  - ☐ California Certificate of Small Business or Sam.gov registration page (if applicable)

Your Contact Information

Information of individual completing this form and questionnaire.

First name: ______________________________________

Last name: ______________________________________

Email: ____

Phone number: _________________________________

Supplier Information

Company name (as shown on W9/W8):

____

Company Alias (if applicable): ____

Tax organization type: select... Select 'Individual' for: Honorariums, Fellowships & Stipends.

Company Website (optional): ____

Company Contact If different from individual above.

First name: _________________________ **Last name:** ________________________________

Email: __________________________________ **Phone:** ______________________________

Company Address

Payee Name: ______________________________________

Country: _______________________________

Address: ____

City & Zip: ____

Address Purpose: select... _______________________

Supplier Questionnaire

Selecting Certified Small Business payment terms requires a copy of the California Certificate of Small Business registration page.* ***Unless otherwise specified, default payment term is Paper Check (Net 60) for any Supplier type.*

1. **Are you a UC Davis Department Registering on behalf of Supplier?**
   - ○ No
   - ○ Yes

2. **Please state business purpose with details:**
   Example: Independent Contractor – Editing Services, Consulting services, Catering services, Lab Equipment, Individual – Honorarium, Fellowship Stipend/Award, Rental/Lease Payment, Goods, etc.

3. **Taxpayer ID Form Type:** ***(See page 4 for alternate steps when containing a SSN#)***
   - ○ US Based Company or Individual – Attach W9
   - ○ Foreign Based Company or Individual – Attach applicable W8

4. **Select one from the available Payment Terms below (For more information on payment terms please review the following website:**
   https://supplychain.ucdavis.edu/payment-methods
   - ○ Credit Card payment through US Bank Payment Plus (Immediate payment)
   - ○ ACH payment through Bottomline PaymodeX (NET 30 terms)
   - ◉ Paper Check (NET 60 terms)
   - ○ Certified Small Business ACH payment - Bottomline PaymodeX (NET 15 terms)*
   - ○ Certified Small Business Paper Check (NET 15 terms)*
   - ○ Individual Paper Check (NET 15 terms)
   - ○ Select this option if you have an existing signed contract with the University in which Payment terms have already been agreed upon.

5. **Are you a California Certified of Sam.gov Federally Registered Small Business?**
   - ○ No
   - ○ Yes - Attach required California Certificate of Small Business of Sam.gov registration page

6. **Are you performing services for the University?**
   - ○ No
   - ○ Yes - Attach required Certificate of Insurance (COI): UC Davis COI requirement/Limit info: *https://supplychain.ucdavis.edu/procure-contract/for-suppliers/insurance*

7. **Is your service entity incorporated in the State of California?**
   - ○ No
   - ○ Yes - Attach required Franchise Tax Board Form 590 (Not Required) - follow link for instructions: *https://ftb.ca.gov/pay/withholding/withholding-on-nonresidents.html*

8. **Are you a foreign supplier performing services in the United States?**
   - ○ No
   - ○ Yes - Attach W8 Form **(See page 4 for alternate steps when containing a SSN#)**

9. **Are you a current employee, former employee, or near relative of an employee of any campus, medical center, and/or lab of the University of California?**
   - ○ No
   - ○ Yes – Attach required Potential Conflict of Interest Form - *https://supplychain.ucdavis.edu/sites/g/files/dgvnsk2181/files/inline-files/ConflictofInterest_0_2.pdf*

10. **Please provide email where Misc. 1099 tax forms can be sent when applicable.**

    Email: ______________________________________

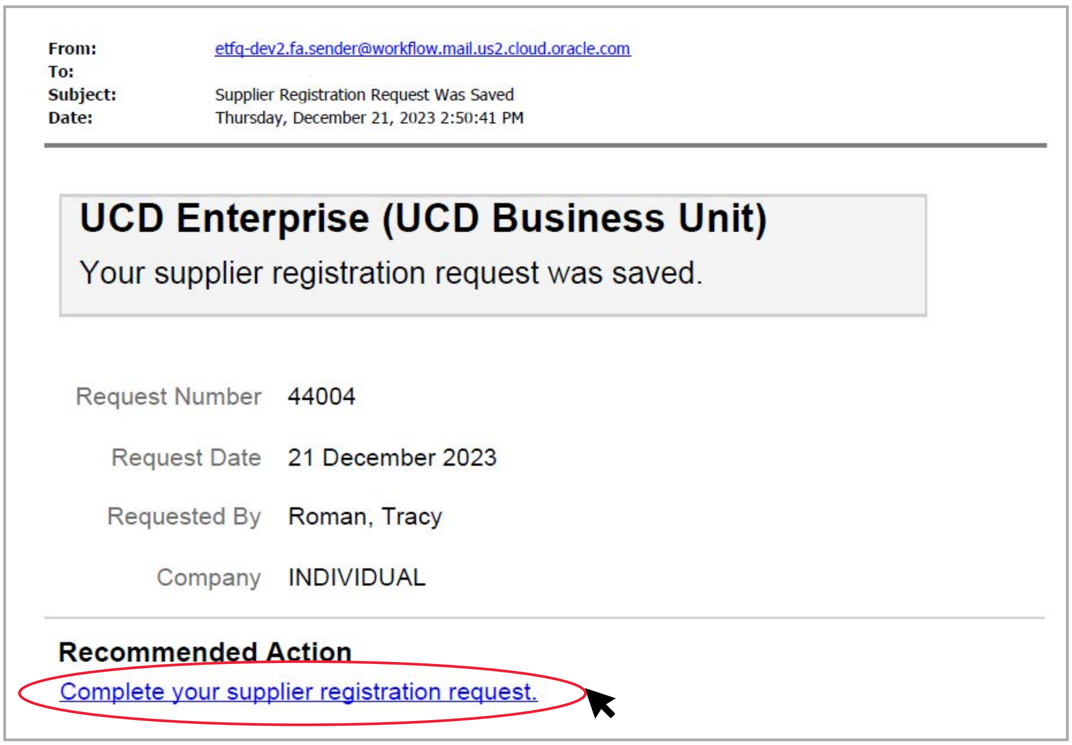
11. **Please provide email address where Purchase Orders are to be sent:**

    Email: ______________________________________

Steps to Upload W9/W8 Forms that Contain SSN#

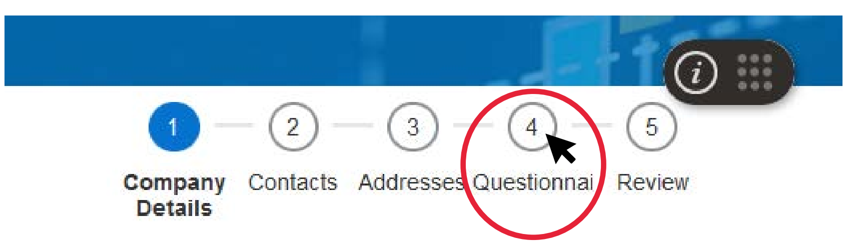
For Honorariums, Stipends, Fellowships and any other Individuals where their W9 or W8 will contain a Social Security number, please follow the steps below.

1. Complete page 2 of this form **(Individual's contact email is required)**
2. Submit to your BOC team email **OR** attach to your WFA request (if applicable)
3. Notify the individual they will receive the email notification and steps below for uploading their W9/W8. **(Requester will be CC'd on email)**

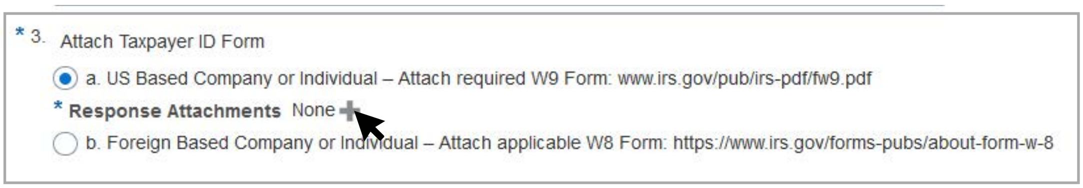


Step 1: Click the hyperlink under Recommended Action to access the supplier registration form.

Step 2: The link will direct you to the first page of the form. At the top, click on number 4 to navigate to the questionnaire.



Step 3: Go to **Question #3** where you will see an asterisk *Response Attachments None + (if you do not see this you need to select one of the answers first).



Step 4: Click on the plus sign + to add your document.
For Foreign Based Individuals, please complete this step again for Question #8.

Step 5: Click **'Save for Later'** in the top right corner of the screen.
Please DO NOT click 'Register'

A notification message will pop up and the BOC team will be notified to complete the review process..