



AMERICAN UNIVERSITY
W A S H I N G T O N . D C

SUPPLIER CAPABILITIES FORM

Mailing Address
American University
Procurement and Contracts
4400 Massachusetts Avenue NW
Washington, D. C. 20016
Phone: 202 885-3811 Fax: 202 885-3821 Email: PCD@american.edu

Business Information:		
Business Name(As it appears on W-9):	Doing Business AS (if applicable):	
Business Address:		
Web Address:		
Business Telephone:	Fax:	
Federal ID#	(Please attach copy of W-9 Form)	
Email (provide email address that will be authorized to receive Purchase Orders)		
Invoice Payment to be mailed to (if different from above)		
Sales Contact:	Phone:	
Title:	Fax:	Email:
Principal products and services offered.		
Special or Additional Company Information: (Sustainability-related certifications, awards, recognitions, etc.)		

General Information:		
Does the company require hard copies of verbal orders?	Yes	No
Check all that apply for ordering options	Electronic Ordering	
	Purchase Orders	
	Credit Cards	
Standard Payment Terms		
Prompt Payment Discount		
FOB Point		
Type of Business: Please check all that apply		
<input type="checkbox"/> Corporation <input type="checkbox"/> Small Business <input type="checkbox"/> Disabled Owned Business <input type="checkbox"/> Hub Zone <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Venture <input type="checkbox"/> Minority Business (MBE) <input type="checkbox"/> Disadvantage Business Enterprise <input type="checkbox"/> Veteran Owned Business <input type="checkbox"/> Woman Owned Business (WBE) <input type="checkbox"/> Limited Liability Partnership Joint		
Certification:		
I certify that:		
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number. 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. 		
Signature of person authorized to sign this application:		
Printed name of person signing:		
Title of Person signing :		Date: