



Supplier Application

NEW UPDATED

Business enterprises that wish to be considered for Approved Supplier status must complete this form in its entirety and return to CSHL Office of Procurement either by email to purchasing@cshl.edu or by fax to (516) 422-4058. This form must be submitted with your company's W9 and Certificate of Insurance. If applicable, please submit a W-8BEN Form. References may be requested.

Legal Name of Business: Does Business As:

Federal Tax ID# or Social Security #: Certification (DUNS #):

Table with 2 columns: Company Name, Remit To Address, Mailing Address, City, State, Zip, City, State, Zip, Company Website, Phone & Fax Number(s), Contact Name, Contact Email

- Payment Terms: Net60, 2%10Net30, Other
Freight Terms: Prepaid
Shipping Terms: FOB Destination
PO Delivery Method: Online/Website, Email, Verbal, Fax, Other
Nature of Business: Manufacturer, Distributor, Service Organization
Number of years in business:
Description of Products/Services:

Are any Principals, Consultants or Board Members of your company employed or affiliated with Cold Spring Harbor Laboratory? YES NO

If yes, please explain the relationship; include separate attachment for additional details as needed:

Supplier Diversity Information Please check all appropriate boxes & provide a copy of the certification with this form:

- Our Firm is Self-Certifying this designation
New York State Certified
Corporation, International Corporation, Partnership (LLC, LTD), Individual /Sole Proprietor, Non-Profit
Woman Owned Business, Minority Owned Business, Small Business, Small Disadvantaged Business, Veteran Owned Small Business
Woman Owned Small Business, 8(a) Small Business, HUB Zone, Service-Disabled Veteran-Owned, Other:

By signing below I certify that all information provided is accurate and true.

Signature: Title:

Print Name: Date:

CSHL Office of Procurement Authorization: W9 COI SAM Check Certificate of Insurance Approved Supplier?

Reviewed By: Vendor #: Date: