MONTCLAIR STATE UNIVERSITY

Procurement Services
Phone: 973-655-4145
Fax: 973-655-5468

SUPPLIER CREATE / SUPPLIER MAINTAIN FORM INSTRUCTIONS

Montclair State University "University" requires Suppliers to submit a legibly completed Supplier Create Form to the Using Department at Montclair State University that is initiating the goods or services who will then submit the request through Workday via "**Create Supplier Request**" for NEW SUPPLIERS or "**Create Request**" for SUPPLIER UPDATES. In addition to this form, please provide a W9 (United States Tax Identification Number for Individuals, LLC, or Corporations) https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3) or W-8BEN (United States Tax form for international individuals) or W8BEN-E (United States Tax form for international organizations) https://www.irs.gov/forms-pubs/about-form-w-8.

Completing these forms will ensure a smooth procure-to-pay cycle for both you, as a supplier, and the University.

All sections are required to be completed for NEW Suppliers, an updated Tax ID, or Banking Updates. Please indicate the requested change for all other Supplier Updates on the form.

1. **New Supplier or Supplier Update** – Check the applicable box to determine if this is a new supplier request or an update to the supplier profile.
2. **Supplier Update (if applicable) –** Indicate requested update: Address, Phone, Email Address, Point of Contact, Banking, Other.
3. **Supplier Name -** Your legal name, organization, or company name
4. **Name used by IRS –** Name used when reporting your earnings to the Internal Revenue Service (IRS). This name must be identical to the name entered on your W9, W8 BEN, or W8BEN-E form.
5. **Supplier's Federal Tax Identification Number –** Enter the United States Tax Identification Number as stated on the W9 or W8 form submitted with the Supplier Create Maintain Form.
6. **Description of Products/Services –** Specify the type of good or service that the University will issue payment. For example, stipend, honorarium, IT consultant, construction contractor, artist model, special lecturer, grant participant, office equipment, MRO supplies, architect, etc.
7. **Healthcare-related goods** – check this box if the services/goods being provided are healthcare related.
8. **Payment Type** – Select how you wish to receive payment.
9. **Contact Information –** Your point of contact name, purchase order email address: primary phone, fax, mailing address, Email, and website address should be entered. The point of contact listed in this section will be our contact for confirming remittance and updating all other supplier information. **If no additional address will be required for payments, the remit to section does not need to be completed.**

10. **Remit To –** Only complete this section if any pertinent information, such as address and contact information, differs from the information provided in the Contact Information section.
11. **Settlement Bank Account** – Enter your United States-based banking information to receive electronic payments. If not completed, the University will issue payment by check. * **International Suppliers will be paid via wire transfers.**
12. **Payment Terms** – Select your standard payment terms from the stated options. The University's common practice is to pay Net 30 days after receipt of an acceptable invoice.
13. **Parent Company-** Only enter the Parent Company Name and IRS Tax Identification Number, if applicable to your company or organization.
14. **Acknowledgement and Acceptance of University's Standard Contract Terms and Conditions** – Your signature indicates acceptance of the Montclair State University Standard Contract Terms and Conditions. ***Grant Subrecipients do not need to sign this form.***

SUPPLEMENTARY SUPPLIER INFORMATION

Standard Terms and Conditions

Montclair State University Standard Contract Terms and Conditions and other supplier-relevant information are available on Procurement Services Supplier Information Webpage.

New Jersey Supplier Compliance Information

Suppliers should submit proof of their current State of New Jersey certifications, such as the Business Registration Certificate, Chapter 51 Approval, Certificate of Employee Information Report, and SBE/MBE/WBE/VBE/SDVOB Certificates. Information regarding some of these items can be found on Procurement Services Supplier Information webpage.

Suppliers are encouraged to enroll in the State of New Jersey's eProcurement portal!

This solution is designed to streamline the procurement process and make it more efficient for companies looking to do business with the State. **NJ START** is extremely helpful to Montclair State University's Procurement staff since we can easily view your company's certifications (e.g., Business Registration Certificate, Chapter 51/EO117, SBE/MBE/WBE/VBE), which can significantly speed up the purchasing process.

You can enroll online at the NJSTART webpage. Registration is easy and takes only a few minutes. If you have questions, please visit the NJSTART Vendor Support Page, which contains Reference Guides, frequently asked questions, how-to videos, and help desk support contact information.

Thank you,

Supplier Create Team
Procurement Services
Montclair State University

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SUPPLIER CREATE / MAINTAIN FORM

New Supplier ☐ **Supplier Update** ☐

Domestic and international suppliers must complete this form and provide it to the Using Department at Montclair State University initiating the goods or services. A W-9, or W-8 if an international supplier, is required for new supplier entries and any updates to remittance information for existing supplier files. The completed Supplier Create Form, W-9 or W-8BEN, and other pertinent compliance documents must be submitted by the Using Department via Workday through the **"Create Supplier Request"** for new Suppliers or **"Create Request"** for Supplier Updates.

For a **New Supplier, the entire form must be completed**. **For Supplier Update**, please indicate the requested change and update that information. **If the Supplier's Federal Tax ID and/or Banking Information is being updated, the entire form must be completed:**

Order From Address ☐ Remit To Address ☐ Phone ☐ Email Address ☐ Point of Contact ☐ Banking ☐ Certificates ☐ Other ☐

Specify: _____

Supplier Name: *

Supplier Federal Tax ID No. Or Social Security No.* | | | | | | | | | |

Name used by IRS (if different from above): _____

Description of services being offered:

If healthcare-related goods or devices are to be provided, please check this box ☐

PAYMENT TYPE (Check all that apply)

Automated Clearing House (ACH) ☐ **Domestic US Bank Only**	**Check** ☐	**Wire Transfer Payment** ☐ **International Suppliers Only**

CONTACT INFORMATION

Point of Contact Name (Default): *

Purchase Order Email Address: *

Order From Address: *

City: *	State: *	Zip Code: *
Country: *	Foreign Province (If Applicable):	
Phone: *	Fax: *	

Web Address (if applicable):

REMIT TO INFORMATION (Only complete this section if the information differs from the Contact Information section above)		
Alternate Remittance Name (if applicable):		
Remit To Point of Contact Name: *		
Remit To Email Address: *		
Remit To Address: *		
City: *	State: *	Zip: *
Country: *	Foreign Province (If Applicable):	
Phone:	Fax:	

SETTLEMENT BANK ACCOUNT (Montclair State University issues payment to suppliers by ACH or Check for United States banks only. International suppliers are paid by wire transfers only).

Supplier Name on Bank Account: *

Bank Name: *

Bank Account Number: * **Account Type:** ☐ Checking ☐ Savings

ACH/ EFT Routing Number (9 Digits Required): *

PAYMENT TERMS - The University's standard payment term is Net 30 after receipt of an acceptable invoice.
Select your standard payment terms below:

1% 10 / Net 30 ☐	2% 10 / Net 30 ☐	2% 15 / Net 45 ☐
Net 30 ☐	Net 45 ☐	Net 60 ☐

If your company is owned by a parent company, please complete the below.

Parent Company Name:

Parent Company Federal Tax ID: | | | - | | | | | | | |

By signing this form, you acknowledge that you have read and agree to the University's standard contract terms and conditions at https://inside.montclair.edu/documents/2026-montclair-state-university-standard-terms-and-conditions

Grant Subrecipients do not need to sign this form.

Signature_____ **Date:**_____

Name:_____ **Title:**_____

Completed Supplier Create Update forms must be sent to the Using Department at Montclair State University initiating the goods or services. The Using Department will route the forms through Workday for Procurement Services Supplier Create Group's review. The Supplier Create Group will not review Supplier Create forms not routed through Workday by the Using Department. You may also submit proof of your State of New Jersey compliance documentation, e.g., Business Registration Certificate, Chapter 51, Certificate of Employee Information Report, or SBE/MBE/WBE/VBE/SDVOB. Invoices are to be submitted to APinvoices@montclair.edu.