

MARQUETTE UNIVERSITY
SUPPLIER INFORMATION UPDATE

Please sign, attach W-9 & Minority Certification (if applicable) and fax to (414) 288-6812

***REQUIRED FIELD**

<p>* COMPANY NAME: _____</p> <p>* ALTERNATE NAME: _____</p> <p>* MAILING ADDRESS: _____</p> <p>_____</p> <p>* PAYMENT ADDRESS: (if different) _____</p> <p>_____</p>
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<p>* TELEPHONE NUMBER: _____</p> <p>* FAX NUMBER: _____</p> <p>* EMAIL ADDRESS: _____</p>
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<p>* FREIGHT: FOB DESTINATION_____ OTHER_____ (Specify)_____</p>

<p>* CREDIT CARD (P-CARD) CAPABLE? YES_____ NO_____</p>
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<p>**WOMEN-OWNED BUSINESS: YES_____ NO_____</p> <p>**ETHNICALLY DIVERSE OWNED BUSINESS: YES_____ NO_____</p> <p>**SMALL BUSINESS YES_____ NO_____</p> <p>** <i>Certification must be attached if YES.</i> (SBA Certified: www.sba.gov)</p>

<p><u>SPECIAL INSTRUCTIONS:</u> Please fill out and return W-9 form along with this form.</p>
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I have read and agree to the terms and conditions listed on correspondence enclosed with this survey.

*** SIGNATURE**

DATE

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