Saint Michael's College

Vendor Profile Form

Name of Firm: _____ Federal ID Number: _____

Purchase Order Mailing Address	Accounts Payable Mailing Address
Post Office Box/Street Address:	Post Office Box/Street Address:
City/State/Zip	City/State/Zip
Telephone Numbers: FAX Numbers:	Telephone Numbers: FAX Numbers:
( ) - ( ) -	( ) - ( ) -
( ) - ( ) -	( ) - ( ) -

Saint Michael's College may prefer to pay invoices via ACH (Automatic Clearing House) or with a credit card.
Do you accept payment via credit card? Y___ N___

Please check ALL cards you accept: Visa ___ MasterCard___ American Express ___

Please indicate if there is a surcharge for payment by Credit Card. Surcharge: Y___ N___
If YES please indicate Surcharge _____ (percent or dollar amount)

Electronic Ordering Capability? Y___ N___ Electronic Invoicing Capability? Y___ N___

Please provide your ACH information (routing number/account number): _____

E-mail Address :_____ 1099 Y___ N___ EIN _____

BUSINESS CLASSIFICATION (mark all that apply)

___Corporation ___Partnership ___ Proprietor ___ Non-Profit Other: _____
(please describe)

Please state, in general terms, products & services which you can provide Saint Michael's College
(or provide a line card or a link to your Web site)
Please indicate if you represent a company that has "green"/sustainable products

_____

_____

What are your standard payment terms? _____
(Saint Michael's College will not normally accept payment terms of less than Net 30, unless discount is offered) (Standard term – net 30)

What are your standard shipping (FOB) terms? _____

Form completed by: _____ Date: _____

Please complete this form and return to:

Purchasing Department
One Winooski Park Box 261
Colchester, VT 05446

or by e-mail:
jpost@smcvt.edu

or by fax:
802.654.2331

Thank you for your interest in Saint Michael's College