

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:
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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