



Van Andel Institute Supplier Information Form

Procurement Services

New / Update
(Circle One)

333 Bostwick Ave NE
Grand Rapids, MI 49503

Provide your FEIN

If you do not have a FEIN provide your social security number

Please check all appropriate options:

Individual /Sole Proprietor Corporation International Corporation
 Partnership (LLC, LTD) Non-Profit

If Individual/Sole Proprietor, provide individual's name: _____

Company Name:	Phone:
Contact Person:	Fax:
Address:	Email:
City, State, Zip	Web Site:
VAI Customer Acct#	Certification (DUNS):

Remit To:	Does Your Company Accept American Express? (Circle one) Yes No
Company Name:	
Address:	
City, State, Zip	Is your company debarred with the Federal Government? (Circle one) Yes No
Contact Name:	
Payment Terms: (Circle one) 2%10Net30 1%10NET30 NET30 Net20	

____ *Please submit a copy of your company's W9 form.*