

SUPPLIER REGISTRATION



The supplier registration form is located at:

https://www.lsu.edu/administration/ofa/procurement/supplier_registration.php

This secure online registration form replaces all paper supplier registration forms.

Suggestions and Considerations:

- **Your Federal IRS Form W-9** 'Taxpayer Identification Number and Certification' is required for enrollment purposes and should be readily accessible to complete this application.
- **If your company is located outside of the United States**, and does not have a FEIN or SSN, you must enter 999999999 in the Tax ID field of the application and complete, sign and attach a W-8BEN (if individual) or W-8BENE (if entity).
- **Do NOT hit your browser's BACK button** as you progress through the online screens. You will have the opportunity to review and edit all information entered at the end of this application and prior to submittal. If you navigate away from the registration form all entered data will be lost.
- The application can be completed using a mobile device.

Failure to provide required documents shall delay supplier setup and may cause rejection of your application if not received timely.

For questions/issues regarding supplier setup or changes, e-mail the LSU Supplier Help Desk at suppliers@lsu.edu.

1. Click **Begin Registration Process** button.

LSU Supplier Registration

You are now entering the LSU Supplier Registration Form. This form must be completed by an authorized representative of the payee organization or individual.

- **A signed W-9 or W-8 form (PDF, JPG, or Microsoft Word document files no larger than 5 MB) must be submitted with the application to complete the enrollment process to obtain a LSU Supplier ID. The University must obtain the payee's correct taxpayer identification number and legal name as it appears on his/her/its federal income tax return to report taxable payments made to suppliers and individuals.**
- LSU Employees are prohibited from completing the supplier registration form on behalf of the supplier/individual.
- Missing information and documentation will delay the enrollment of your company in the LSU Supplier Database.

Please fill out all required fields and click the 'Next Step' button in each section. You will have a chance to verify/change any information and to add comments before submitting the registration to LSU Procurement.

Website Security Statement

A 256 bit ssl certificate is used to secure this form, which is embedded from a server separate from the main site.

Suggestions:

- Javascript must be enabled.
- Please note your web browser's "back" feature will not work.
- If at any time you navigate away from the registration form all entered data will be lost.
- A 256 bit ssl certificate is used to secure this form
- Please complete this form using a desktop web browser (Google Chrome, Apple Safari, Mozilla Firefox or Microsoft Internet Explorer 10+)

By completing this application, I hereby authorize that all information provided, including any and all personal or company data may be shared with LSU departments, suppliers and other governmental agencies to facilitate procurement transactions. This data will be retained according to LSU's retention schedule. To learn more about privacy at LSU, please see the [LSU Privacy Statement](#)

Begin Registration Process

2. Enter the following information for **Step 1:**

- a. Enter your/your company general information in the 1st section.

Notes:

- The contact name, number and email you provide here will be the used as the primary contact.
- If foreign phone, select country flag from drop down menu before entering number.

LSU Supplier Registration

Fields marked with an asterisk are required *

[Step 1](#) → [Step 2](#) → [Step 3](#) → [Step 4](#) → [Step 5](#) → [Step 6](#) → [Step 7 \(submit request\)](#)

General Information

Company/Individual Name: *

Company Division/DBA Name:

Business URL:

Tax ID Type: *

Tax ID (FEIN/SSN): *
(Do not enter dashes)
 (If foreign supplier without a US TIN use all 999s.)
 (Must be 9 digits)

DUNS:
(Do not enter dashes)

Submitted By: *

Submitted By Title:

Phone: *
(Enter numeric characters only, USA include Area Code)

Email: *

- b. Select your **Business Organization Type**.

Business Organization Type *

Corporation Corporation - Legal Services

Corporation - Medical Services Limited Liability Company

Individual Partnership

Other

- c. Select a response to each of the 3 TIN Certification statements.

Note: A response is required for all three statements.

Taxpayer Identification Number (TIN) Certification *

A response must be provided for each statement shown below.
 Under penalties of perjury, I certify that:

I am subject to backup withholding. Yes No

I am a U.S. person (including a U.S. resident alien). Yes No

The number (FEIN or SSN) shown on this form is my correct taxpayer identification number. Yes No

- If foreign supplier using all 999s, mark no as response to each statement.
- Additional information and instructions regarding these certifications are found on the IRS Form W-9.

- d. Select your **Business Ownership Certification(s)** (Check all that apply).

Note: Certification documentation should be attached to application or emailed upon request during onboarding process.

Business Ownership Certifications (optional: please check all that apply)

Minority Owned Business - Federally Certified

Woman Owned Business - Federally Certified

Small Business - Federally Certified

Emerging Business - LA Dept of Economic Development Certified

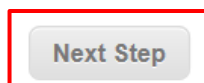
Veteran Initiative (LaVet) - LA Dept of Economic Development Certified

Small Entrepreneurship (Hudson Initiative) - LA Dept of Economic Development Certified

Disadvantaged Business Enterprise - LA Dept of Transportation & Development Certified

Affidavit: By marking any 'Business Ownership Certification' on the LSU Supplier Enrollment form, the Supplier agrees to a self-certification process and solemnly affirms and attests that it possesses any claimed federal and/or state certification(s); and agrees to provide LSU with supporting evidence of such at any time upon request. The Supplier acknowledges that its willful and false claim of these certifications may result in contract cancellations and/or suspension or debarment proceedings. The Supplier further accepts the responsibility to promptly report any certification changes to the LSU Procurement Services Office

- e. Click **Next Step** to continue.



3. Enter the following information for **Step 2**:

- a. Select at least one (1) **state region** in which you will deliver/render goods or services (*Check all that apply*).

Note: If willing to do business anywhere in the State of Louisiana, select All Regions checkbox.

LSU Supplier Registration

Fields marked with an asterisk are required *

Step 1 → **Step 2** → Step 3 → Step 4 → Step 5 → Step 6 → Step 7(submit request)

General Information

Company Name: Tiger Athletics
DBA Name:

Location/Contact Information

State Region Enrollment *

Suppliers must express their interest by self-enrolling in their desired State of Louisiana Region(s) in which they are willing and able to conduct responsible business. Suppliers must enroll in at least one (1) state delivery region; however, may enroll in multiple or all state regions as desired. [Please click here for a map of the state regions.](#)

LSU campuses using the Supplier Database are located in the following state regions:

- Baton Rouge - Region 2
- Eunice - Region 4
- Alexandria - Region 6
- Shreveport - Region 7

Note: LSU AgCenter Research Stations are regionally located statewide

Check those State Regions in which you wish to participate/enroll:

<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> All Regions
New Orleans	Baton Rouge	Thibodaux	Eunice	Lake Charles	Alexandria	Shreveport	Monroe	

- b. Enter the **address** and **phone** information the university should use to send orders or other related purchasing communications.

Note: If foreign address, select country first to remove requirement to select a state.

Mailing Address Information

Mailing Addresses (known in Workday as Ship Addresses) must be a physical address and are used by LSU to send solicitations, addenda, purchase orders, change orders, and purchasing correspondence or transactions via E-Mail, Fax, USPS Mail and/or courier/express service.

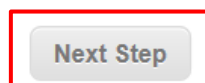
Country:	United States of America		
Mailing Address 1:	123 LSU Avenue	Phone:	+1 2255781234 ✓ Valid Ext. *
Mailing Address 2:		Toll Free Phone:	+1 8005781234 ✓ Valid Ext.
City:	Baton Rouge	Fax:	+1 2255782345 ✓ Valid
State:	Louisiana	Email:	info@tigerathletics.com
Zip:	70803		

- c. Enter the **contact** information for the person the university should contact regarding orders or other related purchasing questions.

Mailing Contact Information *

Contact Name:	Mike	The	Tiger	
Contact Title:	Owner			
Contact Phone:	+1 2255781234 ✓ Valid	Ext.		
Contact Email:	mtiger@lsu.edu x			

- d. Click **Next Step** to continue.



4. Enter the following information for **Step 3**:

NOTE: IF YOUR REMITTANCE ADDRESS OR CONTACT INFORMATION IS THE SAME, PLEASE SELECT THE “SAME AS MAILING ADDRESS” AND/OR “SAME AS MAILING CONTACT” CHECKBOXES.

- a. Enter the **address and phone information** the university should use to send payment or other related billing/invoicing communications.

Note: If foreign address, select country first to remove requirement to select a state.

LSU Supplier Registration

Fields marked with an asterisk are required *

Step 1 – Step 2 – **Step 3** – Step 4 – Step 5 – Step 6 – Step 7(submit request)

General Information

Company Name: Tiger Athletics
DBA Name:

Remittance Information

Remittance Address Information *

Remit Address (required if different from Mailing Address information; used by LSU Accounts Payable & Travel to send payments and accounting correspondence).

Same as Mailing Address

Country: *

Remittance Address 1: *

Remittance Address 2:

City: *

State: *

Zip: *

Phone: *

Toll Free Phone: *

Fax:

Email:

- b. Enter **address and phone information** the university should use to send payment or other related billing/invoicing communications.

Remittance Contact Information *

Same as Mailing Contact

Contact Name: *

Contact Title:

Contact Phone: *

Contact Email: *

- c. Click **Next Step** to continue.



5. Enter the following information for **Step 4**:

- a. Select **payment option** to indicate how your company wishes to receive payment.

LSU Supplier Registration

Fields marked with an asterisk are required *

Step 1 – Step 2 – Step 3 – **Step 4** → Step 5 – Step 6 – Step 7(submit request)

General Information

Company Name: Tiger Athletics
DBA Name:

Supplier Payment Options

In an effort to increase payment efficiencies, the University now offers electronic payments commonly referred to as "ePayables" to suppliers qualified to accept Visa/ Mastercard as payment for invoices. For suppliers that do not accept credit cards, the University offers an alternative electronic payment option called PayMode, which is payment by an ACH transaction.

How does the ePayables payment process work?
Once the selection is made to receive invoice payments by ePayables, a credit account will be created and the University will contact the listed Remittance Contact Person to provide the credit card account number to be maintained in the company file. The credit card account will have unique security features, with an available fund balance of \$0.00 until an invoice is approved for payment. When invoices are processed for payment, an electronic remittance advice will be sent via e-mail or fax to the listed Remittance Contact Person providing approval to charge the card and the detailed invoice(s) information that accounts for the payment.

How does the PayMode payment process work?
Once the selection is made to receive invoice payments by an ACH Transaction and the supplier enrollment process is completed, a member of LSU Accounts Payable will contact you to setup/link the PayMode account for payment. If you currently do not have a PayMode account, please click the following link: [Create PayMode Account](#). This website will allow you to establish a PayMode account and you must provide your Company's Bank Information and Company Contact Information, which should include the person with authority to receive the electronic remittance advice via e-mail or fax of the invoice payment information. When invoice payments are made, the listed company's bank account will be debited and an electronic remittance advice will be sent to the listed contact person via e-mail or fax to provide the detailed invoice(s) information that accounts for the payment.

Please make your selection below:

I would like to enroll my company in the **ePayables** and receive the invoice payments via a **Credit Card Account**

I would like to enroll my company in the **Paymode** and receive the invoice payments via an **ACH Transaction**

I would like to receive my payments by **Check/Wire** (required for individuals and foreign suppliers).

- b. Select a **response** to each of the two (2) questions regarding your company's relationship to LSU.

Note: If 'Yes' you will be prompted to provide additional information.

Relationship Disclosure (check all that apply) *

Are you, or any Officer, Director, Owner or Partner in this company, an employee or former employee of LSU? Yes No

Is a direct family member of any of the above an employee of LSU? Yes No

Relationship Disclosure (check all that apply) *

Are you, or any Officer, Director, Owner or Partner in this company, an employee or former employee of LSU? Yes No

Is a direct family member of any of the above an employee of LSU? Yes No

Please explain: *

(Please enter the employee's name, department, and relationship to the company)

- c. Click **Next Step** to continue.



6. Enter the following information for **Step 5**:

- a. Select at least one (1) **supplier group** to indicate the type of goods and/or services your company provides (Select all that apply).

LSU Supplier Registration
Fields marked with an asterisk are required *

Step 1 → Step 2 → Step 3 → Step 4 → **Step 5** → Step 6 → Step 7(submit request)

General Information

Company Name: Tiger Athletics
DBA Name:

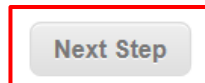
Business Category

Supplier Group *

Suppliers must enroll in at least one (1) Supplier Group; however, may enroll in as many Supplier Groups as desired.
Click a group to move it to the selected box.

Available Supplier Groups:	Selected Supplier Groups:
Advertising	Athletic & Fitness
Agricultural Equipment & Supplies	Safety Equipment
Aircraft Equipment	Miscellaneous Services
Aircraft Operations	
Animals, Livestock & Accessories	
Appliances & Equipment	
Art	
Athletic Refunds	
Audio & Visual	
Automotive Accessories	

- b. Click **Next Step** to continue.



7. Enter the following information for **Step 6**:

- a. Upload your company's W-9 or W-8 form and any certification documentation in the box below.
- b. Enter the date the W-9/W-8 document was signed in the effective date field.

LSU Supplier Registration
Fields marked with an asterisk are required *

Step 1 → Step 2 → Step 3 → Step 4 → Step 5 → **Step 6** → Step 7(submit request)

General Information

Company Name: Tiger Athletics
DBA Name:

Upload Documentation

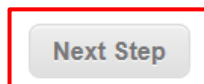
Upload Documentation

Please upload any documents we may need for verification (W9, W-8BEN, W-8BEN-E, certifications, etc.) here:

0.3 MB
w-9.pdf
[Remove file](#)

Effective date of tax document (W9, W8) attached *

- c. Click **Next Step** to continue.



- Step 7 is to review all information entered to be sure it is correct. If corrections are needed, click the **Edit Info** button in the specific section.

Note: You cannot return to the Upload Documents step (Step 6). Documents can be emailed or faxed to Procurement Services.

LSU Supplier Registration

Fields marked with an asterisk are required *

Step 1 – Step 2 – Step 3 – Step 4 – Step 5 – Step 6 – **Step 7(submit request)**

General Information

Company Name: Tiger Athletics
DBA Name:

Verify Information

Company Information

Company/Individual Name:	Tiger Athletics
Company Division/DBA Name:	
Business URL:	
Tax ID Type:	FEIN
Tax ID (FEIN/SSN):	123456789
DUNS:	
Submitted By:	Mike The Tiger
Submitted By Title:	Owner
Phone:	+12255781234
Email:	mtiger@lsu.edu
Business Organization Type:	Individual

[Edit Info](#)

- Enter additional comments if necessary.

Additional Comments

[Submit Request](#)

- Click **Submit Request** button when complete.

You will receive email confirmation that the application has been submitted.
Please allow 3-5 business days for setup.