# University of Iowa – Online Supplier Registration Instructions

Link to Online Application: Online Supplier Registration Application

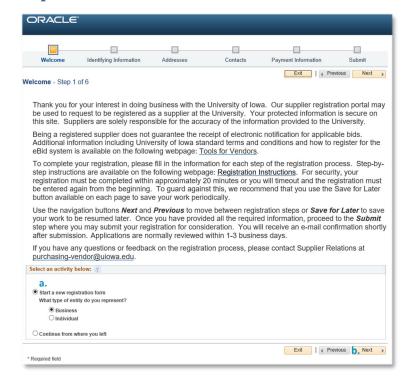
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#### **Introduction:**

Thank you for your interest in doing business with the University of Iowa. This script will help you submit an online supplier registration request. Please be sure to read all the *Welcome* instructions as well as the instructions included on each page (step) of the registration. Should you have any questions or comments, please email the Supplier Relations team at purchasing-vendor@uiowa.edu.

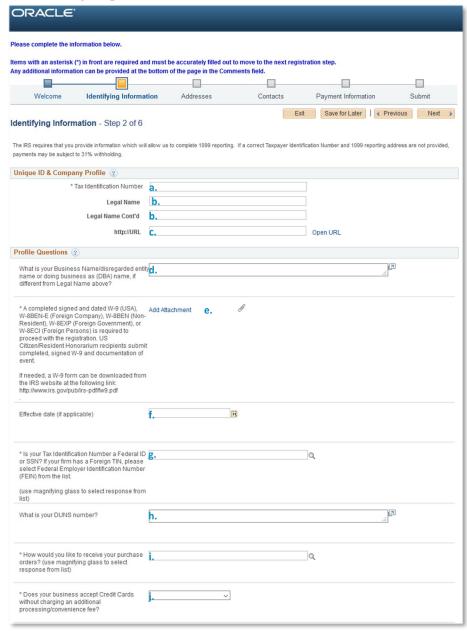
**NOTE:** For registration we recommend that you use one of the following browsers: Google Chrome, Mozilla Firefox, Safari, and Microsoft Edge. For security purposes, your registration must be completed within approximately 20 minutes, or you will timeout from the system and the registration must be entered again from the beginning. To guard against this, we recommend that you use the *Save for Later* button available on each page to save your work periodically.

## Step 1 - Welcome



- a. Select Business or Individual.
- b. Select the Next button to continue to Step 2.

#### **Step 2 - Identifying Information**

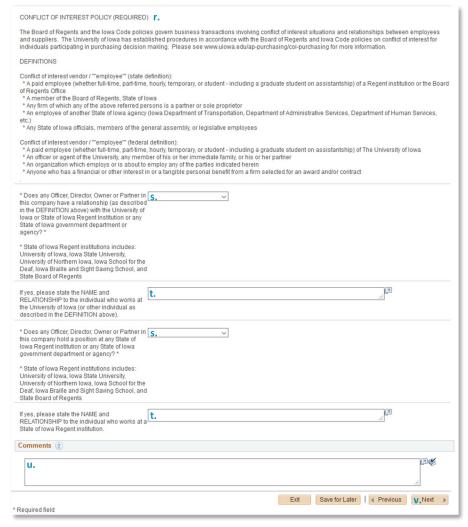


- a. Enter the Tax Identification Number (TIN) for your firm, must be 9 digits.
- b. Enter the *Legal Name* of your firm or yourself (for an individual) as indicated on your W-9. If the whole name does not fit, use *Legal Name Cont'd* for the remainder breaking at the last space between words in *Legal Name*. As a note, all words are case sensitive.
- c. Enter *http://URL* if available. Do not enter http:// or https:// before the URL, the system will account for it (i.e. only enter www.uiowa.edu for the University of Iowa).
- d. If your firm has a *Business Name/Disregarded Entity Name or Doing Business As (DBA) Name* other than the *Legal Name* please enter it here, otherwise leave blank.

- e. Attach a completed *W-9 (USA), W-8BEN-E (Foreign Company), W-8BEN (Non-Resident), W-8EXP (Foreign Government) or W-8ECI (Foreign Persons)* for your firm by selecting the *Add Attachment* hyperlink, clicking *Upload* on the popup window, selecting the *Browse* button and highlighting the file name and clicking the *Open* button, then clicking the *Upload* button, entering an *Attachment Description* (optional), and finally selecting the *Return* button.
- f. If there is a specific *Effective Date* for the information included on the registration request enter it, otherwise leave blank.
- g. Select from the list of valid selections indicating if your *TIN* is a *Federal Employer Identification Number (FEIN)* or *Social Security Number (SSN)* by using the magnifying glass. (Question not included when *Individual* is selected in *Step 1.a.*)
- h. Enter the *DUNS number* for your firm, otherwise leave blank. Must be 9 digits if entered. (Question not included for Individuals)
- i. Select from list of valid options of *Email* or *Fax* by using the magnifying glass to identify how purchase orders should be sent.
- j. Select **Yes** or **No** depending on if your firm accepts credit cards using the down arrow.

* Is your primary place of operations outside the United States of America?	k.	<b>v</b>	
* Will the ENTIRE electronic payment(s) from the University of lowa be transferred to a foreign bank account?	1.	~	
To comply with International ACH Transaction (IAT) rules, you must notify the University of lowa if ACH-disbursed funds are being transferred from a United States financial institution to a financial institution in another country.			
The particular rules are pursuant to requirements of the Office of Foreign Assets Control. In order for the University of Iowa to comply with the IAT rules and the applicable United States laws, you must answer the question above.			
* Type of Organization (use magnifying glass to select all that apply from list)	m	Q	
Type of Business (use magnifying glass to select all that apply from list)	n.	Q	
* Services you provide (use magnifying glass to select response from list)	0.		Q
NOTE: For suppliers that manufacture and/or distribute products or equipment (including Medical/Dental devices and/or supplies), please choose option 13 "Do not provide these services" from the list of possible responses.			
Type of Operation including Minority and/or Disadvantaged Owned Concern* (use magnifying glass to select all that apply from list)	p.	Q	
* Minority and/or disadvantaged owned concerns must be 51% or more owned and managed by minority and/or disadvantaged persons.			
If you selected lowa Targeted Small Business from the previous list, please attach a copy of your certification by the lowa Economic Development Authority (IEDA)/lowa Department of Inspections & Appeals (DIA) as an Iowa Targeted Small Business.	Add Attachment	Ø	

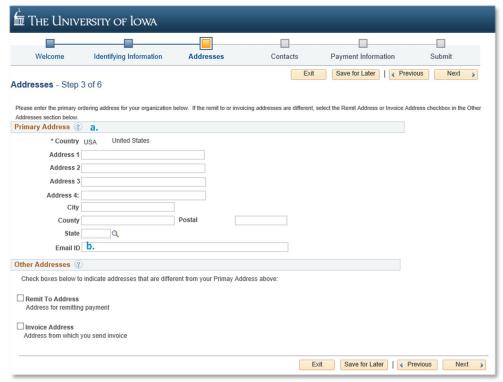
- Select either Yes or No as appropriate indicating if your firm's principal place of operations is outside the USA.
- I. Select **Yes** or **No** depending on if your firm will transfer **entire payments** received from the University to a foreign bank account, this can be done using the down arrow.
- m. Select from list of valid options for *Type of Organization* by using the magnifying glass. *Type of Organization* is required, one or more options must be selected.
- n. Select from list of valid options for *Type of Business* by using the magnifying glass. One or more options may be selected. If information is not available or the list of options is not applicable, it can be left blank.
- o. Select from list of valid options for *Services you provide* by using the magnifying glass. One option must be selected.
- p. Select from list of valid options for *Type of Operation* by using the magnifying glass. One or more options may be selected, otherwise leave blank.
- q. If your firm is an Iowa Targeted Small Business, attach a copy of the certification by the IEDA/DIA by selecting the *Add Attachment* hyperlink, clicking *Upload* on the popup window, selecting the *Browse* button and highlighting the file name and clicking the *Open* button, then clicking the *Upload* button, entering an Attachment Description (optional), and finally selecting the *Return* button.



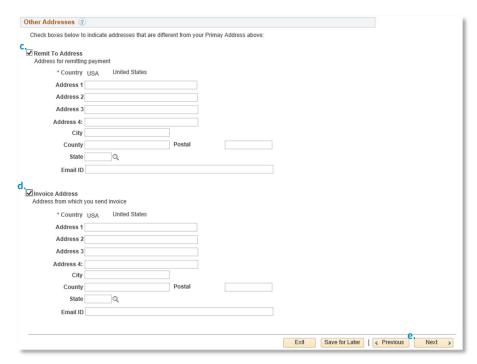
- r. Please review the *Conflict of Interest Policy* to fully understand The University of Iowa's definition to accurately answer the next two questions
- s. After reading the *Conflict of Interest Policy* in full, select *Yes* or *No* using the down arrow to identify if your firms Officer, Director, Owner or Partner holds a position with any State of Iowa Regent

- institution and/or a State of Iowa government department or agency is a conflict of interest supplier.
- t. If **Yes** is selected in either "s" box, enter the **NAME and RELATIONSHIP of the individual(s)** with the defined conflict.
- u. Enter any additional *Comments*, including more information if line 8 for *Other* was selection from the options under *Type of Organization* (I) and/or if line 13 for *Do not provide these services* was selected from the options under *Services you provide* (n).
- v. Select the **Next** button to continue to **Step 3**.

# Step 3 - Addresses

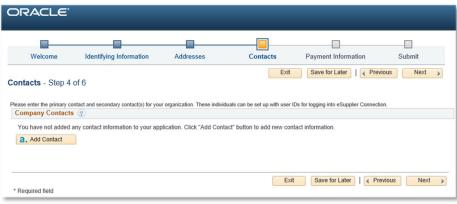


- a. For *Primary Address* (the main address for your firm), enter *Address line 1*, *City*, *County*, *State*, and *Postal* are required. *Address lines 2*, *3*, and *4* can be used if more space is needed than provided in *Address line 1*.
- b. Email ID is required if Email was selected to receive your purchase orders (Step 2, i.).

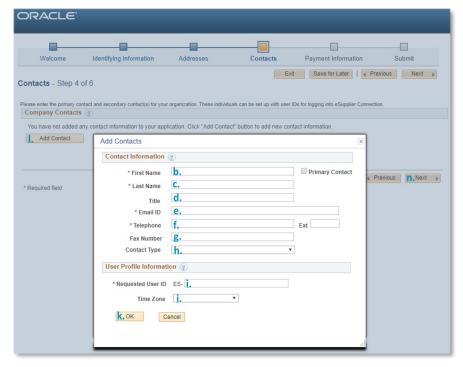


- c. If your firm has a separate *Remit to Address* (where payments should be sent to), check the box in *Other Addresses* and enter at a minimum *Address line 1*, *City*, *County*, *State*, and *Postal*. *Address lines 2*, 3, and 4 as well as *Email ID* are optional.
- d. If your firm has a separate *Invoice Address* (where invoices will be sent from), check the box in *Other Addresses* and enter at a minimum *Address line 1*, *City*, *County*, *State*, and *Postal*. *Address lines 2*, *3*, and *4* as well as *Email ID* are optional.
- e. Select the Next button to continue to Step 4.

### **Step 4 - Contacts**

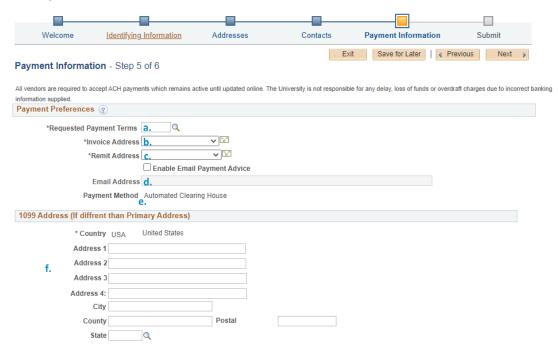


a. Click the Add Contact button.

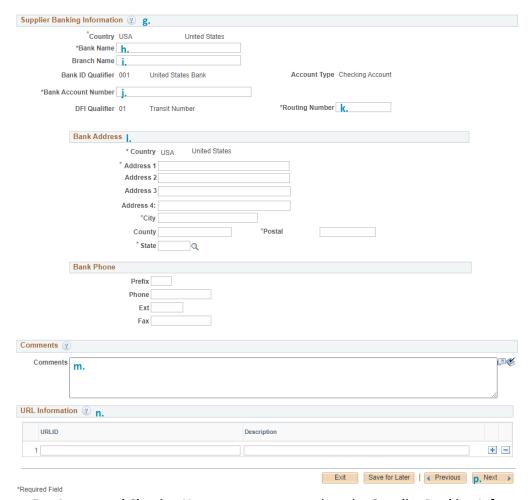


- b. Enter the *First Name* of the contact. **NOTE**: At least one contact is required, and one contact must be identified as the *Primary Contact*. *Primary Contact* can be noted by selecting the checkbox.
- c. Enter the *Last Name* of the contact.
- d. Enter the *Title* of the contact.
- e. Enter the *Email ID* of the contact. This is the email address that login and other information will be sent to following approval.
- f. Enter the *Telephone* information of the contact.
- g. Enter the *Fax Number* of the contact. *Fax Number* is required for the *Primary Contact* if *Fax* was selected to receive your purchase orders (Step 2, i.).
- h. Select the most appropriate *Contact Type* from the list of available options by using the down arrow.
- i. Enter the contacts *Requested User ID*, this field is required. As shown on the page, an *ES* will be added to the beginning of the *Requested User ID*. If there is another user with the same *User ID*, an error will be displayed, and the *Requested User ID* must be updated to one that is not already in use before you can proceed to the next step.
- j. Select the correct *Time Zone* for this contact using the down arrow.
- k. Click the **OK** button.
- I. If there are more contacts for your firm, select the *Add Contact* button (a.) until all contacts have been entered.
- m. Once the **OK** button is selected (m.), make sure **Designate Address** has the correct address identified for each contact entered. Available selections are **Primary Address**, **Remit Address** (if entered), and **Invoice Address** (if entered).
- n. Select the *Next* button to continue to *Step 5*.

#### **Step 5 - Payment Information**

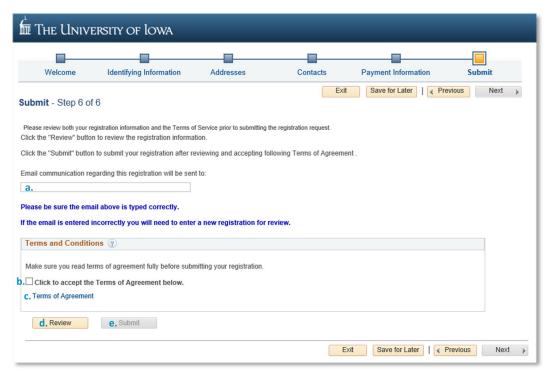


- a. Select the *Requested Payment Terms* by using the magnifying glass to see a list of available payment terms.
- b. Select the preferred *Invoice Address* from the list of available selections for your firm using the down arrow.
- c. Select the preferred *Remit Address* from the list of available selections for your firm using the down arrow.
- d. Select the *Enable Email Payment Advice* checkbox to receive payment advices by email for ACH payments. If checked, enter a valid *Email Address* to send the electronic advices to.
- e. If **Yes** was selected on the question about your firm's principal place of operations being outside the USA, you will be asked to select your **Payment Method**. Available selections are **ACH Automated Clearing House** payment to your bank located in the USA, **CHK Check** from our bank located in the USA, and **WIR Wire** transfer.
- f. Enter the 1099 Address if different than the Primary Address entered on the Addresses page (Step 3). If not entered, the Primary Address will be used. If entered, Address line 1, City, County, State, and Postal Code are required.



- g. For Automated Clearing House payments, complete the Supplier Banking Information section.
- h. Enter the Bank Name for the bank that should be used by the University for ACH payments.
- i. Enter the **Branch Name** (if applicable).
- j. Enter the Bank Account Number at the named bank that should be used by the University for ACH payments.
- k. Enter the *Routing Number* for the *Bank Name* (f.) which is associated with the *Bank Account Number* (h.) specified for ACH payments from the University.
- Enter the Bank Address, Address line 1, City, County, State and Postal are required. Address lines 2, 3, and 4 can be used if needed.
- m. Enter Bank Phone information if available.
- n. Enter any additional *Comments* regarding the payment information entered in this step.
- o. Provide additional Web address and description if needed
- p. Select the **Next** button to continue to **Step 6**.

#### Step 6 - Submit



- Confirm the *Email* address displayed is the correct email address to use when sending communications about this registration request.
- b. Check the box for *Click to accept the Terms of Agreement*.
- c. Select the *Terms of Agreement* hyperlink and review the *Terms of Agreement* prior to clicking the *Accept the Terms of Agreement below*. If needed, you can select use the *Print* hyperlink on the *Terms of Agreement* page to print a PDF copy for your records.
- d. If all information in the registration request is complete, select the *Submit* button. A box will be presented with the *Registration ID* for use if you need to contact the University about this registration. An email will also be sent to the email address provided including the same information.
- e. If needed, select the **Review** button to review all the information entered and return to specific sections to make updates.
- f. If there are any questions or comments about your registration, please email purchasing-vendor@uiowa.edu and include your *Registration ID*.

#### **Additional Notes**

a. If you select the *Save for Later* button while working on the registration request, you will receive an email with instructions for returning to the registration request later to complete the registration

- and submit it for review. The registration request will not be reviewed by the University until it has been completely submitted (*Step 6*).
- b. If the University has questions when reviewing your registration request, it may be returned to you for additional information. The notification email will include instructions for returning to the registration request and the University's specific questions and/or updates needed.
- c. If the registration request is not approved, you will receive an email communication with additional information.