



**SUPPLIER**GATEWAY®

SupplierGATEWAY, LLC  
Supplier Registration Guide



# Supplier Registration



# Supplier Registration

## Potential Supplier Registration

If you are interested in registering as a potential supplier, please click the Select button below to complete your registration.

Select

Select **Potential Supplier Registration** to begin process



# Supplier Registration

**REGISTRATION**

Need Help? Contact us at: <https://suppliergateway.zendesk.com/home>

Fields in Red Text and denoted by an asterisk (\*) are required.

**Business ID Number**

Please enter your 9-digit Taxpayer Identification Number (Also known as your Employer Identification Number.) If you are a sole proprietorship and you have not established a separate Taxpayer Identification Number, you may utilize your 9-digit social security number.

\*Country: United States

\* Federal Tax ID Number:

EIN  SSN

**Company Information**

\*Company Name:

\*Email:

\*State: --Select State--

\*Address:

Address 2:

\*City:

\*Zip:

Complete Required Fields indicated in RED

**Terms**

IMPORTANT- READ CAREFULLY: YOUR USE OF THE SupplierGATEWAY® WEBSITE AND SERVICES (THE "SERVICES") IS CONDITIONAL ON YOUR COMPLIANCE AND ACCEPTANCE OF THESE TERMS.

Definitions. As used herein, "you," and "your," means the person, and company or organization that registers on this website, and "we," "our," "SupplierGATEWAY®," refers to Mid-America Consulting Group, Inc. dba SupplierGATEWAY®, and its subsidiaries and affiliates.

1. ACCEPTANCE OF TERMS. SupplierGATEWAY® makes available for your use on this web site (the "Site") information (the "Information") and various "Services", subject to the terms and conditions set forth in this document (the "Terms of Use"). By accessing this Site, you agree to the Terms of Use. SupplierGATEWAY® reserves the right to change the Terms of Use from time to time at its sole discretion and for any reason. Your use of this Site is subject to any posted guidelines or rules or agreements applicable to such Information or Services that may contain terms and conditions in addition to the Terms of Use. All such guidelines or rules are hereby incorporated by reference into the Terms of Use. If you breach any of the Terms of Use, your access to this Site automatically terminates and you must immediately destroy any Information downloaded or printed from this Site.

2. SERVICES PROVIDED. SupplierGATEWAY® directly, or indirectly through an unaffiliated Internet service provider, shall provide you with electronic access, through your computer or other electronic device (collectively "Computer"), to the Information and Services provided on the Site and the ability to communicate electronically with the Site ("E-mail").

3. USER CODES. As part of your registration process you may be asked to select a user name ("Name") and/or password ("Password"), or a user name and/or password may be created for you (the Name and Password are hereafter referred to as "User Codes"). The User Codes are for your personal use only. You are responsible for

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND AGREE TO BE BOUND BY ALL OF ITS TERMS AND CONDITIONS.

Privacy Policy Terms of Use Contact Us  
Copyright © 2018 SupplierGATEWAY LLC. All rights reserved.

Select Language

Review Terms & Agreements, and then select I Agree



# Supplier Registration

You will receive a **PIN Code** via e-mail

Confirmation ✕

We have just sent a PIN code to your email. Please check your inbox.  
Please enter your PIN code to continue:

Pin:\*

[Click here](#), if you haven't received a PIN code via email.

Once you have received the PIN enter here and **Continue Registration**



# Supplier Registration

## SUPPLIER REGISTRATION

Please complete the registration form below. Verify that all information you enter is accurate and correct before submitting this registration form.

Required Fields are indicated in red or by an asterisk "\*" or "

Company Info

**\*Are you a large business?**  Yes  No

**\*Is your company publicly traded?**  Yes  No

DUNS: 345877789

Federal Tax ID Number: 138989999

EIN  SSN

**\*Company Legal Name**: RONNY LLC

Doing Business As:

Is This a PO Box?:  Yes  No

**\*Address**:

**\*City**:

Country: United States

**\*State**: Please Select

**\*Zip**:  -

**\*Primary Phone**: (312) 312-4325

Alternate Phone: +1 201-555-5555

Fax: +1 201-555-5555

Website: http:

All fields indicated in RED are required to complete your Supplier Registration



# Supplier Registration

## CONFIRM YOUR BUSINESS SIZE PER SBA STANDARD

You have indicated that you are a **Small Business**. The standard against which this statement should be made is the Small Business Administration (SBA) size determination. This standard varies by the industry you are in and is determined using revenues and/or employee size and/or asset value. We must ask you a few questions to confirm your status as a **Small Business**. Please click on the "Validate Small Business Status" Button below.

You must **confirm** your business size status by selecting **Small**

### SBA SIZE DETERMINATION

The information that you enter here will be used to accurately determine your size according to the U.S. Small business Administration (SBA) standards.

Please enter your 6 digit Primary NAICS in the area below. If you do not know your NAICS code, you can click on the NAICS help link to search for it.

Enter Primary NAICS Code: [Click here to look up NAICS](#)

## CONFIRM YOUR BUSINESS SIZE PER SBA STANDARD

You have indicated that you are a **Large Business**. The standard against which this statement should be made is the Small Business Administration (SBA) size determination. This standard varies by the industry you are in and is determined using revenues and/or employee size and/or asset value. If you are sure that you are a **Large Business**, you may continue and click on "Yes" below. If you are not sure, click on "No" and the system will assist you in making the determination.

### SBA SIZE DETERMINATION

The information that you enter here will be used to accurately determine your size according to the U.S. Small business Administration (SBA) standards.

Please enter your 6 digit Primary NAICS in the area below. If you do not know your NAICS code, you can click on the NAICS help link to search for it.

Enter Primary NAICS Code: [Click here to look up NAICS](#)

OR by selecting that you are a **Large** business



# Supplier Registration

Primary Contact Information

\*First Name

\*Last Name

\*Job Title

\*E-Mail

\*Verify E-Mail:

Are you establishing an account at this time for someone other than your primary contact?  Yes  No

Complete the **Primary Contact** information to establish yourself a user account



# Supplier Registration

Additional Info

**\*Year Established**  ▼

**\*Number of Employees**

**2016 Revenue:**   ▼  
*(Numbers only, no commas or symbols. Decimal Points are permitted.)*

**\*Primary NAICS**    
*(6 Digit Codes only)*

**Ownership:**  (Majority Owner; 51% or more) You must make a "Yes" or "No" selection for each of the categories shown.

**\*Minority**  Yes  No

**\*Veteran**  Yes  No

**\* US Citizen/Permanent Resident**  Yes  No

**\* Woman**  Yes  No

**\* Service Disabled Veteran**  Yes  No

**Owners Ethnicities:**  (Majority Owner; 51% or more) Required if Minority Selected

- African American
- Asian Pacific American
- Canadian Aboriginal
- Hispanic American
- Native American
- Subcontinent Asian American
- White (not Hispanic)

Complete remaining required fields indicated in RED



# Supplier Registration

You may also list any **Certification** information your company may have here

**Certifications** ?

If you have certifications, select those that apply to your company from the list below.  
You must provide Certification Name/Number and expiration date for any certification you select.  
You can upload file with the maximum size of 1000000 and these are the allowed file types for attachments:  
.DOC,.XLS,.DOCX,.XLSX,.PPT,.PPTX,.JPG,.PDF,.PPT,.PPTX

Certification	Cert Number	Category	Expiration Date	Attachment
<input type="checkbox"/> (CPUC) M/WBE Clearinghouse	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input checked="" type="checkbox"/> 8(a) Certification	<input type="text" value="678599"/>		<input type="text" value="09/23/2025"/> <input type="button" value="Q"/>	<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> Canadian Aboriginal & Minority Supplier Council	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> City Agency (MWBE)	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> Federal Agency	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> National Women Business Owner Corporation (NWBOC)	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> Natl Minority Supplier Development Council (NMSDC)	<input type="text"/>	<input type="button" value="Please Select"/>		<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> SAM (System for Award Management)	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> SBA Certified SDB	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> SBA Hub Zone Certified	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> Self Certified SDB	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> State Agency (MWBE)	<input type="text"/>	<input type="button" value="Please Select"/>		<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> US Pan Asian American Chamber of Commerce	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen
<input type="checkbox"/> Business Enterprise (BENC)	<input type="text"/>			<input type="button" value="Choose File"/> No file chosen

If you do not have any Certifications, this is **not required** and you may **bypass**



# Supplier Registration

If you were provided an **Invitation Code** by the client you may enter here

Invitation

If you were asked to register in this site and were provided with an invitation code, please enter it here.

**Invitation Code** 

**Invitation Code**  
You may have received an Invitation Code when you were asked to register in this site. This helps your potential customer to keep track of when you register. If you do not have an Invitation Code, your registration will still be processed the same way. If you have an invitation code, please enter it in the space provided.

**Still Need Help?** [sgsupport@suppliergateway.com](mailto:sgsupport@suppliergateway.com). Please try to provide as much information about what you need help with, what site you are registering in and a phone number where we need to call you, so we can respond to you as quickly as possible.

[Close Window](#)

Please note the **Invitation Code** is **not required**, and if you did not receive one you may continue by selecting **Submit** to complete your registration





**SUPPLIER**GATEWAY®

Final Supplier Application



# Contacts Application Segment

You must add the **Contact** information required

Navigate to:

Contacts

Complete Application Later

 **Contacts** INCOMPLETE

 Completed 0 of 7 

Please provide the following information

- Click on "Add Contact" to add new contact or "Remove Contact" to delete contact(s) from the list.

List of contact types which are still needed

- Primary Contact

Simply select the **+Add Contact** action item to begin adding your Contact information



No Contact defined

Prev

Click to Complete This Section

Next

 **Support**

Once finished, remember to select **Click to complete this section**



# Products/Services Application Segment

You will be required to complete all fields indicated in RED,

Products  
Services  
Capabilities

Navigate to:  
Products and Services

**Products and Services** INCOMPLETE

Please provide the following information

\*Indicates Required Field

\* List Products (4000 characters or less)  
0  
Enter Products  
Please enter Products Listing

\* List Services (4000 characters or less)  
0  
Enter Services  
Please enter Services Listing

\* Other Capabilities (2000 characters or less)  
0  
Enter Other Capabilities  
Please enter Capabilities

NAICS/UNSPSC Codes

Click to Add Codes

Remove Code

All Other Plastics Product Manufacturing [326199] - NAICS  
Asphalt Paving, Roofing, and Saturated Materials Manufacturing [32412] - NAICS  
Bird proofing services [72102101] - UNSPSC  
Boiler and furnace construction and maintenance services [72151000] - UNSPSC  
Boiler feed chemicals [47101604] - UNSPSC  
Boiler installation and setup service [72151002] - UNSPSC  
Boiler maintenance service [72151001] - UNSPSC  
Boiler or heater igniter [40101833] - UNSPSC

Prev Save Click to Complete This Section Next

Once finished, remember to select Click to complete this section



# Company Addresses Application Segment

Navigate to:

Company Addresses

Complete Application Later

 **Company Addresses** INCOMPLETE

Please provide the following information

Click on "+ Add Location" to add A New Address to the list.

**The following addresses still need to be completed:**

- None. You are good to go; click Done to complete this segment.

Simply select the +Add Location action item to begin adding your Company Address Information

[+ Add Location](#)

Type

Location

Address

Primary Vendor Address

123 Beech Havent Ct  
Cleveland, AL 44017



 **Support**

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[Click to Complete This Section](#)

Next

Once finished, remember to select Click to complete this section



# Attachments Application Segment

Navigate to:

Upload Attachments \*

 **Attach Documents/Files** INCOMPLETE

Please provide the following information

\*Indicates Required Field

Click on the "Browse" button to search for your file on your hard drive. Once you have selected a file, click on the "Upload" button to upload the file.

Only **.pdf, .doc, .docx, .xls, .xlsx, .jpg** file types are supported to upload and the file cannot be larger than 10 MB in size for this section.

This area is not required. It is intended for product, service and/or capability related information. Certification information should be added to the Certification Section.

Note: By using this feature, you are certifying that your information is true. If not, please do not upload any files or images to avoid unintentionally misrepresenting your company.

\*Choose a file

Choose File

No file chosen

\*File name

Description  
(Limited to approx. 500 Words)

Submit

Reset

You may upload Attachments such as PDFs, Brochures, & Catalogs here

Please note however that this section is not required

Once finished, remember to select [Click to complete this section](#)



# References Application Segment

Navigate to:

References

 **Customer References** INCOMPLETE

Please provide the following information

You must provide at least 2 Customer References to complete this section

- To Add a new Customer Reference for your Company, please click on the "Add Customer Reference" button.
- To Edit the an existing reference, click the Reference Name link

[+ Add Customer Reference](#)

Reference

Contact

[Test Reference](#)



 **Support**

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[Click to Complete This Section](#)

Next

Once finished, remember to select [Click to complete this section](#)

Simply select the [+Add Customer Reference](#) action item to begin adding your Reference Details



# Commodity Application Segment

Navigate to:

Categories

**Categories** INCOMPLETE

Please add at least 1 category before you can complete this section.

You may select up to 3 commodity from any of the categories presented below. To view the full listings, click on the "+" more than 1 Commodity. Once you have made your selection, click on save and continue at the bottom of the page

Category

Please select group

Add

Prev

Click to Complete This Section

Next

Categories

Complete Application Later

**Categories** INCOMPLETE

Completed 0 of 3

You may select up to 3 commodity from any of the categories presented below. To view the full listings, click on the "+" more than 1 Commodity. Once you have made your selection, click on save and continue at the bottom of the page

Category

Please select group

Add

Group

Category

Shredding Service

HIPAA Document Shredding

Contractors

HVAC

Questionnaire

1.0 What is the number of employees in your organization?

2.0 How long has your organization been in existence?

3.0 What is your organization's EMR Safety indicator?

Prev

Click to Complete This Section

Next

Select at least one Category that pertains to your company

Answer the prompted questions pertaining to your company category



# Certifications Application Segment

Navigate to:

Certificates

Complete Application Later

## Certificates INCOMPLETE

Please provide the following information

\*Indicates Required Field

In order to expedite processing of your registration, you should upload electronic documents or scanned images of your certificates now. For certifications that require attachments this is a requirement in order to complete this application section. Certifications that show "Attachment Required" in the attachment section require you to upload a copy of your certification in order to complete this section. If you have not selected any applications that have mandatory attachment requirements, you may skip this step and upload your certificates later. You may upload attachments in any of the following file formats: .pdf, .gif, and .jpg. Each file is limited to no more than 1 MB.

To Upload an Attachment for a Certification, please click on the "Upload Attachment" link.

To View or Delete Attachment, please click on the "View or Delete" link.

Select & Add your company's Diversity and/or Quality certifications

+ Add Certification    Self Certification

Certification ?	Number	Expiration Date	Attachment ?
-----------------	--------	-----------------	--------------

Prev    Click to Complete This Section    Next



# FFATA Form Application Segment

**FFATA Form** INCOMPLETE Completed 1 of 3

Please provide the following information.

The relevant sections of this Form should be completed in their entirety. Please note that information you provide may be available to the public in accordance with FAR 52.204-10. Edit any information below if incorrect or incomplete. All required fields are in red with an asterisk (\*).

This form consists of 3 sections. The need to complete the next section will automatically be determined based on your answers to this section. You may ultimately complete 1, 2 or 3 sections. The system will automatically indicate when your response is complete.

**[+/-] Section 1 - Addresses**

**Your Organization's Physical Address**

\* Company Name: Chloe Co

\* Dun and Bradstreet Number (DUN #): 06 0606060

\* Address: 4946 Azusa Canyon Road

\* City: Inwood

Region/Province: CA

\* State (Required if U.S.): CA - California

District:

County:

\* Zip (Required if U.S.): 91705 -

\* Country: United States

**Your Organization's Primary Place of Performance for the subcontract**

\* Company Name: Arrow Engineering Inc

\* Dun and Bradstreet Number (DUN #): 06 0606060

\* Address: 4946 Azusa Canyon Road

\* City: Inwood

Region/Province: CA

\* State (Required if U.S.): CA - California

District:

County:

\* Zip: 91705 -

\* Country: United States

**Your Organization's Parent Company (if any). Check here if Not Applicable**

\* Company Name: Chloe Co

\* Dun and Bradstreet Number (DUN #): 22 2223568

Complete all required fields on the FFATA form



# Financial/Workplace Application Segment

Navigate to:  Complete Application Later

**Financial/Workplace** INCOMPLETE Completed 0 of 10

\* Indicates Required Field

**Workplace Data**

\* 2018 Government Revenue \$ (No Commas)

\* 2018 Non-Government Revenue \$ (No Commas)

**Financials**

\* Has Your Business Ever Declared Bankruptcy?  Yes  No

If Yes, You Must Provide Bankruptcy Date

\* Do You Prepare Your Annual Budget?  Yes  No

\* Your Annual Sales (Estimated) \$ (No Commas)

Are Your Financial Statements Audited?  Yes  No

Government Approved Accounting System?  Yes  No

Accept Electronic Payments (ACH)?  Yes  No

Accept Government Credit Card?  Yes  No

Construction Bonding Level (Per Contract, 0-99999999)

Construction Bonding Level (Aggregate, 0-99999999)

Service Operating Radius (0-9999)

Service Bonding Level (Per Contract, 0-99999999)

Service Bonding Level (Aggregate, 0-99999999)

**Legal**

List Outstanding Litigations (Limit to 1,000 characters or less)

Is your company involved in any bankruptcy or reorganization proceedings?  Yes  No

If yes, explain (Limit to 2,000 characters or less)

[Prev](#) [Save](#) [Click to Complete This Section](#) [Next](#)

Complete all required fields on the Financial worksheet



# Insurance Application Segment

Add insurance information by expanding the insurance segment

Navigate to:  
Insurance/Bonding

Complete Application Later

## Insurance/Bonding INCOMPLETE

Completed 0 of 10

Please provide the following information

### Indicates Required Field

Completion of this section may require the entry of information for one or more insurance types. At the present time, there are 0 required types which must be filled out to complete this section.

All other sections (when applicable) are optional.

[+/-] General Liability Insurance (Required) ⚠

[+/-] Workman Compensation and Employer Liability Insurance

[+/-] Automobile Liability Insurance

[+/-] Bonding

Prev

Save

Click to Complete This

Completion of this section may require the entry of information for one or more insurance types. At the present time, there are 0 required types which must be filled out to complete this section.  
All other sections (when applicable) are optional.

### [+/-] General Liability Insurance (Required) ⚠

- You are required to fill out this section.
- You are required to upload attachments for this section

Insurance Company Name

Insurance Policy Number

Effective Date

 Q

Expiration Date

 Q

General Aggregate Limit \$

Limit Per Occurrence \$

Products Complete Aggregate Limit \$

Upload General Liability Insurance Attachments

- You've uploaded 0 General Liability Insurance attachments
- Permitted types are: .doc, .pdf, .gif, .jpeg, .jpg, .ppt, .ppbx, .xls, .xlsx

Upload Attachment

From there enter in the required fields from your insurance document

[+/-] Workman Compensation and Employer Liability Insurance



# Licenses Application Segment

Navigate to:

Licenses

Complete Application Later

 Licenses INCOMPLETE

Add your company License information

Completed 0 of 10

Please provide the following information

- To Add a new License for your Company, please click on the "Add License" link.
- To Edit a License, please click on the License Type link.

[+ Add License](#)

Type	Number	License	Expiration Date
------	--------	---------	-----------------

You have not added any licenses

Prev

Click to Complete This Section

Next



# Other Application Segment

**Others** INCOMPLETE Completed 0 of 10

Please provide the following information

**\*Indicates Required Field**

**\*Does your organization have a Quality Assurance department?]]**  Yes  No

**\*Does your company exchange information electronically?**  Yes  No

**\*How does your company exchange information electronically?**

(Limited to 1000 Char. or approx. 200 Words)

**Owner Relationships**

**\*Has any owner/principal ever been employed by SupplierGATEWAY LLC Portal**  Yes  No

**Location**

**\*Has any owner/principal ever performed work for SupplierGATEWAY LLC Portal as a sub-contractor?**  Yes  No

**Location**

**Work Performed**

(Limited to 1000 Char. or approx. 200 Words)

**Date of Work Performed:**

**Different Business Name**

**\*Have you operated under a different business name within the past 12 months?**  Yes  No

**Business Name**

**FEIN**

**Street Address**

**City**  **State**  **Zip**

**Country**

**Phone**

**Affiliates**

**\*Are you owned by or affiliated with an existing SupplierGATEWAY LLC Portal vendor?**  Yes  No

**Affiliate Name**

**Affiliate FEIN**

**Affiliate Street Address**

**Affiliate City**  **\*Affiliate State**

**Affiliate Zip Code**

**Affiliate Phone Number**

**Relationship**

Complete additional information regarding your company



# Ownership Application Segment

Navigate to:

Ownership

Complete Application Later

 **Company Ownership** INCOMPLETE

Add your company's  
ownership  
information

Completed 0 of 10

Please provide the following information

- To Add a new Ownership for your Company, please click on the "Add Ownership" link.
- To Edit an Ownership, please click on the Owner Name link.

[+ Add Ownership](#)

Owner Name	Owner Title	Ownership Percentage	Citizenship/Resident
------------	-------------	----------------------	----------------------

\*\*\* No ownerships Found. \*\*\*

Prev

Click to Complete This Section

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# Reps & Certs Application Segment

Navigate to:

Other Representations & Certifications

Complete Application Later

## Other Representations & Certifications INCOMPLETE

Completed 1 of 3

Please provide the following information.

This is a required section and a response must be selected for each listed item.

Please make sure to completely read each item, once you have made your selection you are certifying that the information you have provided is true.

You will not be able to select a response until the +/- has been selected to view the listed item in it full entirety.

### Misrepresentation of Small Business self-certification

By submitting this certification, I am attesting to the accuracy of the representations and certifications contained herein. I understand that I may be subject to penalties if I misrepresent in any of the representations or certifications to Woodward, Inc.

NOTICE: Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a business concern that is small, HUBZone small, small disadvantaged, service-disabled veteran-owned small, economically disadvantaged women-owned small, or women-owned small eligible under the WOSB Program in order to obtain a contract to be awarded under the preference programs established pursuant to section 8, 9, 15, 31, and 36 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall—

- (i) Be punished by imposition of fine, imprisonment, or both;
- (ii) Be subject to administrative remedies, including suspension and debarment; and
- (iii) Be ineligible for participation in programs conducted under the authority of the Act.

### Directorate of Defense Trade Controls (DDTC)

Does your business have a Directorate of Defense Trade Controls (DDTC) Registration Code?



Yes  No

If Yes, You Must Enter Your Business DDTC Registration Expiration Date.



02/13/2018



[+/-] The California Transparency in Supply Chains Act of 2010



Certify  Do Not Certify

[+/-] Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions (Sept 2007)



Certify  Do Not Certify

[+/-] Certification Regarding Responsibility Matters



Certify  Do Not Certify

[+/-] Previous Contracts and Compliance Reports (Feb 1999)



Certify  Do Not Certify

### Affirmative Action Compliance (Apr 1984)

The Supplier represents that-

(a) It has developed and has on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2);



Certify  Do Not Certify

(b) It has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

Has  Has Not

Complete required Reps & Certs Form

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Save

Click to Complete This Section

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# W9 Application Segment

Navigate to:

W-9 / Request for Taxpayer Identification Number

Complete Application Later

## W-9 Request for Taxpayer Identificatio...

INCOMPLETE

Completed 0 of 10

Please provide the following information

\*Indicates Required Field

- The following is a list of all W-9's you have submitted to SupplierGATEWAY via this system.
- To submit a new W-9 or to update/change your backup withholding status, please click on the "Add New W-9"

Note: All new W-9 submittals will immediately supersede any information you had entered previously.

Total 0 records

\*\*\* No records found \*\*\*

Add W-9 Information

Add New W-9

Prev

Click to Complete This Section

Next



## Final Supplier Application

Once you have completed all of the required application segments you will need to select '**Submit Your Application**' to successfully complete the application process

Once you have done that you will be taken to the **Welcome Page** each time you log in.

Please remember to periodically **update** your company's organizational information on the portal site





SUPPLIERGATEWAY®

