



Vendor Application

(Revised 01-2017)

☒ New Vendor ☐ Update Vendor Info

UNIVERSITY USE ONLY

Vendor #: _____

Entered by: _____

This application must be submitted with a **completed IRS W-9/W-8** form from the vendor/individual. IRS documents can be found at: <https://www.irs.gov/forms-pubs>. If a completed W-9/W8 is not received, you and/or your company will not be added to the University database. eMail or fax back completed applications to:

Email:
AP_Vendor_Requests@american.edu

Fax Number: (202) 885-2871

American University – Accounts Payable
4400 Massachusetts Avenue NW
Washington, DC 20016

Signature: *Jonathan H. Jackson*

Date: 3/28/19

Printed Name: Jonathan H. Jackson

Title: Accountant

* I certify that I have carefully examined this Application and I have determined that to the best of my knowledge and belief, the Information provided is complete and accurate

Legal name of company or business: Lucid Holdings, LLC

(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business the name of the owner of the business is required.)

Company "commonly known as" Name, if different from above, i.e. **DBA:** _____

Corporate Sales / Mailing Address:

Line 1: 365 Canal Street

Line 2: Suite 3100

Line 3: _____

City: New Orleans

State: LA Zip 70130

Country: USA

Phone: 504-244-8310

Fax: _____

Contact Name: Halle Kaplan-Allen

E-Mail Address: hkaplanallen@luc.id

Accounts Receivable / Remit To Address:

Line 1: 365 Canal Street

Line 2: Suite 3100

Line 3: _____

City: New Orleans

State: LA Zip 70130

Country: _____

Phone: 504-244-8310

Fax: _____

Contact Name: Lucid Accounting

E-Mail Address: accounting@luc.id

Digital Purchase Order Delivery Method

☐ Fax : _____

☒ Email : accounting@luc.id

Current or Former Student ☐ Yes ☒ No

Current or Former Employee ☐ Yes ☒ No

(MM-DD-YYYY)

Name of Person or Department with whom you anticipate doing business once approved:: _____

Contact Name: _____

Phone: _____

Department : _____

Fax: _____

software

Commodities/Services Offered: Market Research and Services

NAICS Code (s):
511210

DUNS Number:
08-004-1672

Debarment Attestation

Have you ever been or currently debarred or otherwise ineligible by any agency of the Federal Government from making offers for furnishing materials, suppliers or services to the Government or any agency thereof? NO ☒

Yes ☐ If Yes, debarment date If applicable, reinstatement date

Note to Vendors:

You must provide a valid Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in order for the University to process payment(s). The University is required by Federal law where applicable to report payments, along with the SSN/FEIN to Federal and State agencies. Failure to provide a correct name and Taxpayer Identification Number may subject your payments to a 28% federal income tax withholding. Additional withholding may apply for foreign entities. **Payment Terms are Net 30**, unless otherwise stated and agreed to by the University.

Enter your TIN in the appropriate box. For Individual/Sole Proprietor, this is a social security number (SSN). For other entities, this is your employer identification number (EIN).

Social Security Number
____ - ____ - ____

Employer Identification Number
27 - 2118992

- Vendor Type:**
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> C- Corp | <input type="checkbox"/> Individual/Sole Proprietor | <input checked="" type="checkbox"/> LLC- C (1099) |
| <input type="checkbox"/> C- Corp - 1099 | <input type="checkbox"/> Partnership (1099) | <input type="checkbox"/> LLC- S (1099) |
| <input type="checkbox"/> S- Corp | <input type="checkbox"/> Trust/Estate (1099) | <input type="checkbox"/> LLC- P (1099) |
| <input type="checkbox"/> S-Corp - 1099 | <input type="checkbox"/> Other (1099) | <input type="checkbox"/> Non-US Based Entity 1042 |
| | | <input type="checkbox"/> Foreign Individual 1042 |

Diversity Type: (Please check all that apply):

Diverse businesses must be at least 51% owned and controlled by one or more individuals who are represented in the categories selected. Include a copy of your certificate(s) with this Application.

<input type="checkbox"/> Majority (non Diverse)	<input type="checkbox"/> Minority (African American)	<input type="checkbox"/> Historically Black Colls & Univ	<input type="checkbox"/> Women Owned
	<input type="checkbox"/> Minority (Hispanic)	<input type="checkbox"/> Small Business	<input type="checkbox"/> Women Owned - Small Business
<input type="checkbox"/> Veteran	<input type="checkbox"/> Minority (Alaskan / Native Am)	<input type="checkbox"/> Small Disadv Business	
<input type="checkbox"/> Veteran Small Business -	<input type="checkbox"/> Minority (Asian Indian)	<input type="checkbox"/> HUB Zone Small Business	<input type="checkbox"/> Disabled/Handicapped
<input type="checkbox"/> Veteran Service Disabled	<input type="checkbox"/> Minority (Asian Pacific)	<input type="checkbox"/> 8(a) Bus Dev Program	

Conflict of Interest:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Are you or any Officer, Owner or Partner in this company an employee of American University? Are any family members employees of American University? If yes, please state who: _____
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	



American University

Vendor ACH Payment Agreement Form

☒ Initial Enrollment ☐ Modify/Update

Vendor Name:
Federal ID Number:
AU Vendor Number:

(This number can be located on your payment remittance stub)

Declaration:

I (we) hereby authorize **American University** (hereafter AU) to initiate ACH automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize **AU** to make necessary debit adjustments in the event a credit entry is made in error.

Further, I agree not to hold **AU** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my institution or due to an error on the part of my financial institution in depositing funds into my (our) account. I will notify AU immediately of any changes made to my checking account.

This agreement will remain in effect until **AU** receives written notification of cancellation from me or my financial institution. Upon receipt of notice, I understand **AU** will need 72 business hours to comply with the request and interim deposits may occur.

Vendor Information:

Primary Phone Number:
Email - Remittance Advice:

Vendor Banking Information:

Name of Financial:
Institution: Branch / State:
Routing Number:
Checking Account Number:
Savings Account Number:

Vendor Authorization:

Name: Title:

Authorized Signature:  Date:

Please attached a VOIDED check or bank letter to verify bank details and routing number.

This form must be returned to:

American University- Accounts Payable
4400 Massachusetts Ave NW
Washington DC 20016

Email (preferred):
AP_Vendor_Request@american.edu

[Reset Form](#)

[Save](#)

[Print](#)