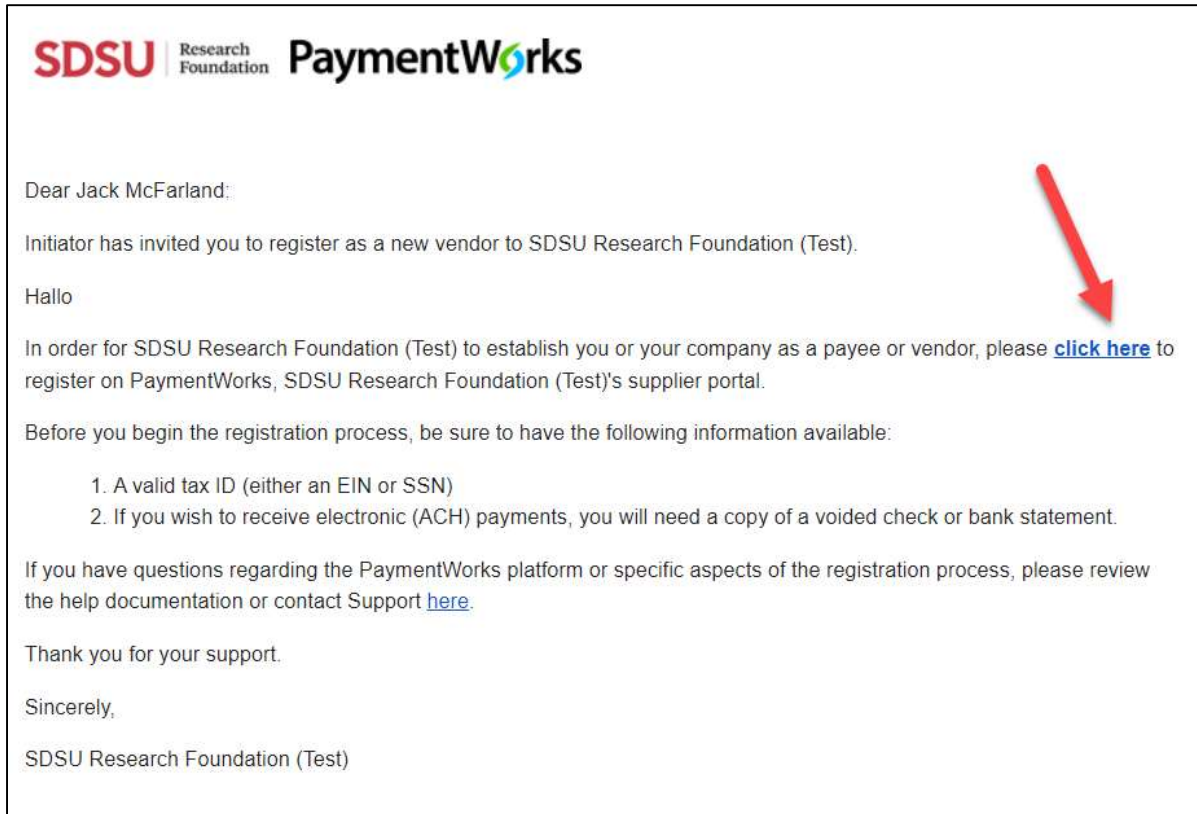


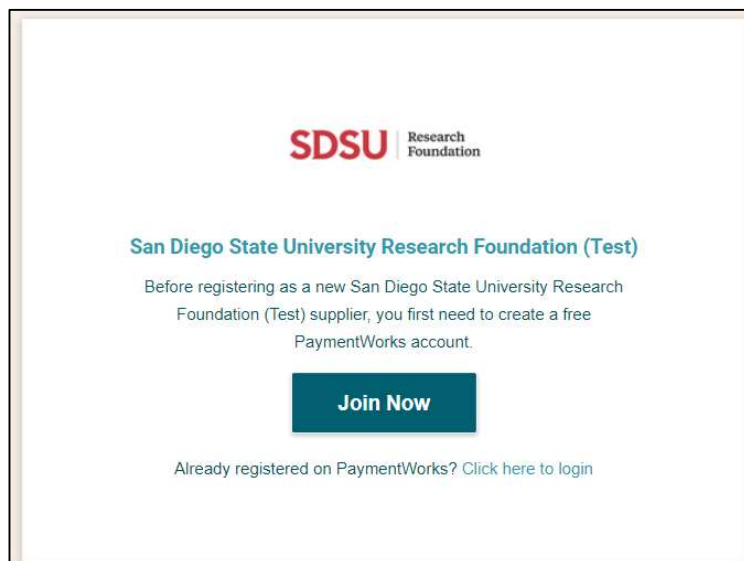
New Vendor Registration Foreign Entity, Organization, or Business

1. Click the link in the email from PaymentWorks. If you do not see the email, please check your spam or junk folders or reach out to your payment requester to resend the invite.



2. Click the “**Join Now**” button to start the process.

If you are already registered with a different email address, please click “**Click here to login**,” update any old information, and notify the sender that you already have an account.



3. Fill out the first step of the application and click “Join Now.”

NOTE: Please use the same email address the application was initially sent to.

Payees (Suppliers)
Join PaymentWorks for Free

Your Information

First Name Last Name

Company Name / Doing Business As (optional)

Title

Telephone

Email

Confirm Email

Create Password

Password

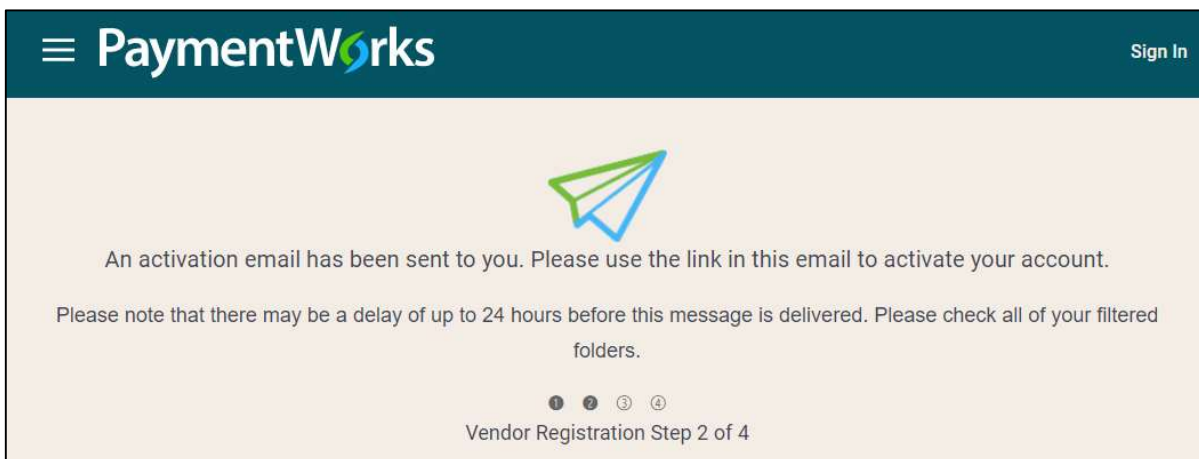
Confirm password

I agree to the Terms of Service

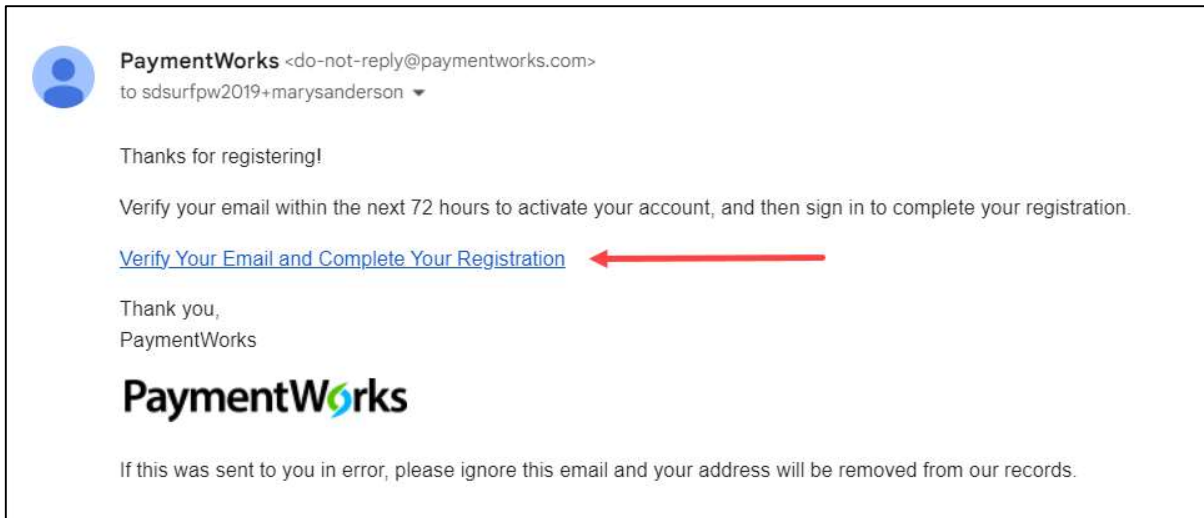
Join Now

Vendor Registration Step 1 of 4

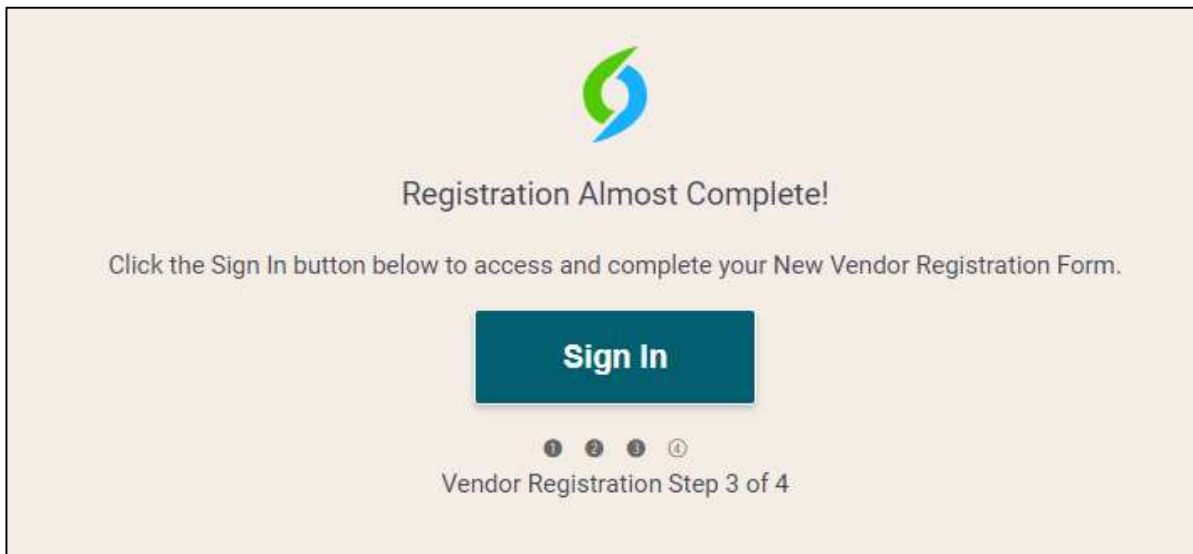
4. After submitting part one, you will receive an activation email at the email address you provided on the previous screen.



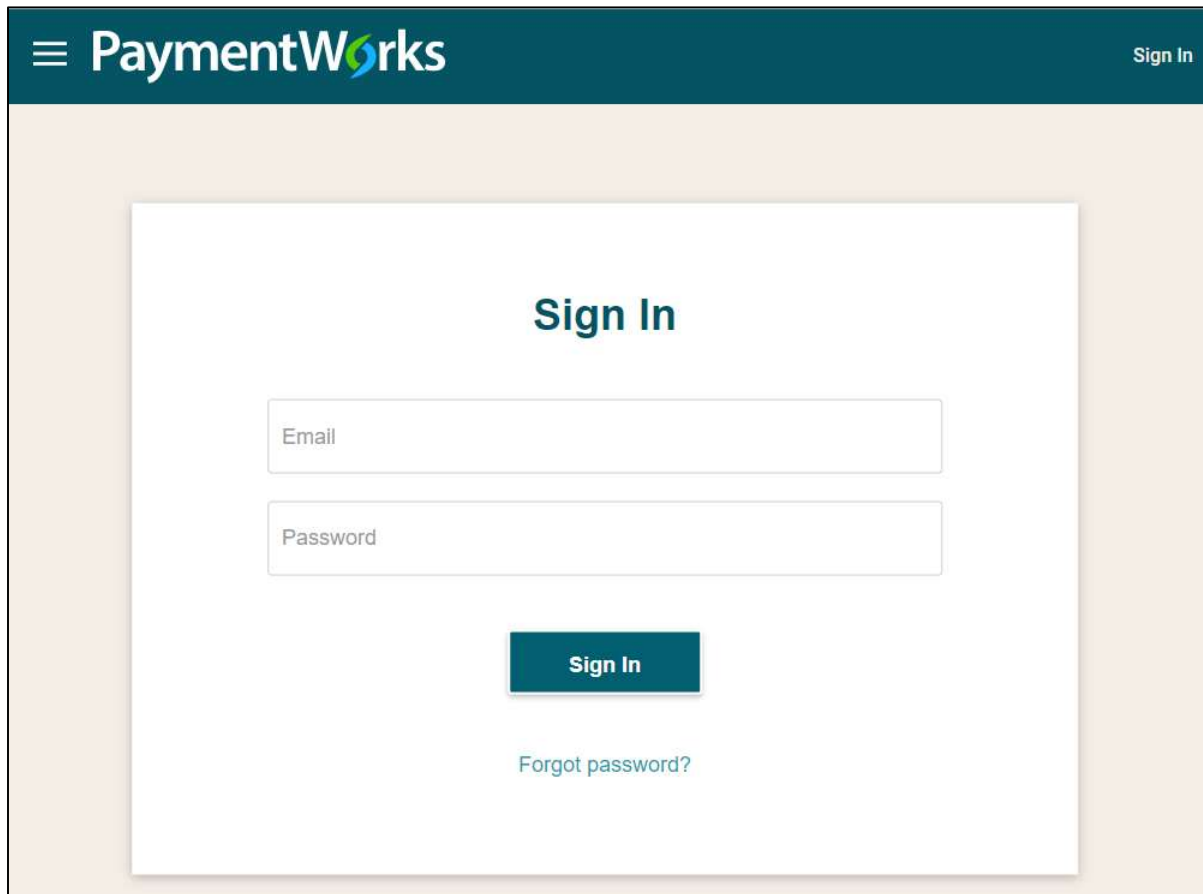
5. Click the link in the activation email to validate your email and be routed to the application.



6. Click "Sign In" to continue the process.



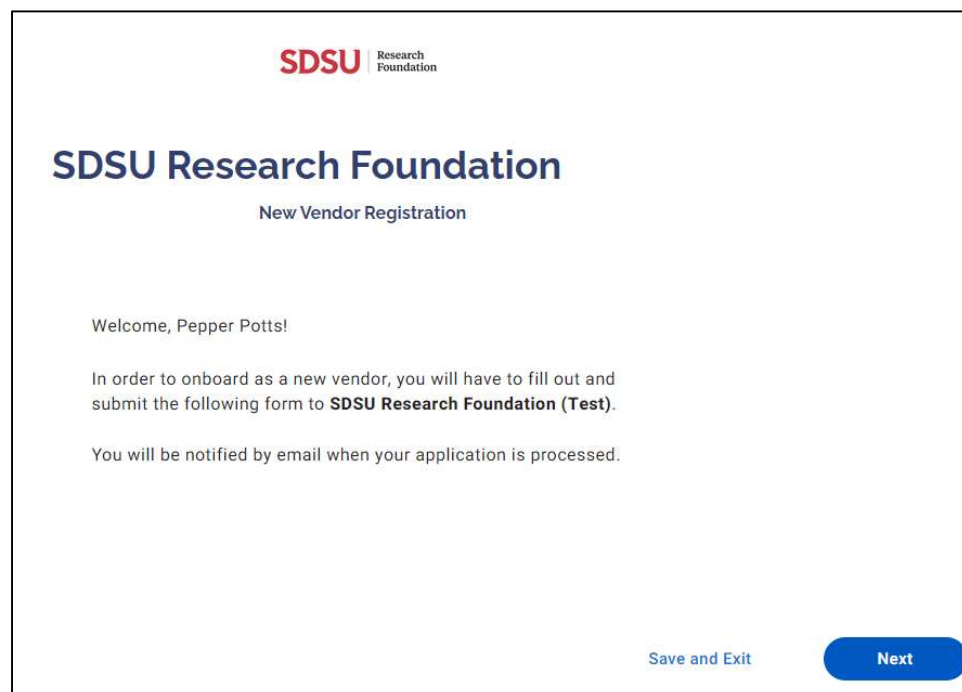
7. Use the information you entered previously to log in.



The screenshot shows the PaymentWorks Sign In page. At the top left is the PaymentWorks logo with a hamburger menu icon. At the top right is a "Sign In" link. The main content area is a white box with a light beige background. Inside the box, the text "Sign In" is centered. Below it are two input fields: "Email" and "Password". A dark teal "Sign In" button is centered below the fields. At the bottom of the box is a "Forgot password?" link.

8. Go through the application as follows:

Click "**Next**" to continue.



The screenshot shows the SDSU Research Foundation New Vendor Registration page. At the top center is the SDSU Research Foundation logo. Below it is the heading "SDSU Research Foundation" and the sub-heading "New Vendor Registration". The main text reads: "Welcome, Pepper Potts!" followed by "In order to onboard as a new vendor, you will have to fill out and submit the following form to **SDSU Research Foundation (Test)**." and "You will be notified by email when your application is processed." At the bottom right are two buttons: "Save and Exit" and a blue "Next" button.

9. As a foreign entity, organization, or business, select the second option **“Corporation or other complex business entity.”**

10. Select the **Country of incorporation or organization** (where the organization is located / pays taxes).

11. Next, select **“Foreign Tax ID”** as TIN type.

Tax Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

For tax purposes, which best describes you?*

Individual, Sole Proprietorship, or Single-member LLC

Step 9 Corporation or other complex business entity

Country of Incorporation or Organization*

Select an Option

Step 10 Canada

TIN Type*

Select an Option

Step 11 Foreign Tax ID

Select One

Individual Taxpayer Identification Number (ITIN)

Foreign Tax ID

NOTE: In the rare case that you do not have a TIN type, please contact PaymentWorks Support at <https://community.paymentworks.com/payees/> by clicking the “Contact Support” button in the top right corner and requesting a “Placeholder Tax ID.”

12. Complete the identifying portion of the form.

13. Next, provide your tax ID (or placeholder ID).

TIN Type*

Select an Option

Foreign Tax ID

Business Legal Name*

Legal Name is defined as your company's official name that appears on government and legal forms and is tied to your company's Tax Identification number.

Enter Text Here

Research Corporation

Tax Number*

8 to 20 characters

Enter Text Here

123456789

Confirm Tax Number*

Enter Text Here

123456789

14. Next, complete a W-8BEN-E (for foreign entity).

If you have a valid W-8BEN-E, click “Choose File” to upload an existing W-8BEN-E. **Note: W-8BEN-E forms expire three years after they are signed.**

If you do not have a W-8BEN-E, click the “W-8BEN-E” link to download a fillable form. Please follow the guidelines below to complete a W-8BEN-E form.

W-8BEN-E*

An image or PDF file can be used here. A blank form can be found at this link:
[W-8BEN-E](#)

Choose File

No file chosen

14.1 When completing the W8-BEN-E, please fill out at LEAST the following fields highlighted in yellow. Fields in blue boxes are optional if they apply to your organization. The form has a total of 8 pages. You will complete pages 1, 2 (if applicable), and 8.

First Page

<p>Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service</p>	<p>Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)</p> <p><small>▶ For use by entities. Individuals must use Form W-9BEN. ▶ Section references are to the Internal Revenue Code. ▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.</small></p>	<p>OMB No. 1545-1621</p>																
<p>Do NOT use this form for:</p> <ul style="list-style-type: none"> • U.S. entity or U.S. citizen or resident • A foreign individual • A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) • A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) • A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) • Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) 																		
<p>Instead use Form:</p> <ul style="list-style-type: none"> W-9 W-8BEN (Individual) or Form 8233 W-8ECI W-8IMY W-8ECI or W-8EXP W-8IMY 																		
<p>Part I Identification of Beneficial Owner</p>																		
<p>1 Name of organization that is the beneficial owner</p>		<p>2 Country of incorporation or organization</p>																
<p>3 Name of disregarded entity receiving the payment (if applicable, see instructions)</p>																		
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Foreign Government - Integral Part</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> International organization</td> <td></td> </tr> </table> <p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part			<input type="checkbox"/> International organization	
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		<input type="checkbox"/> International organization																
<p>5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. 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<p>6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).</p>																		
<p>City or town, state or province. Include postal code where appropriate.</p>		<p>Country</p>																
<p>Mailing address (if different from above)</p>																		
<p>City or town, state or province. Include postal code where appropriate.</p>		<p>Country</p>																
<p><small>For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59689N Form W-8BEN-E (Rev. 10-2021)</small></p>																		

Part I Identification of Beneficial Owner (continued)

8 U.S. taxpayer identification number (TIN), if required		
9a GIIN	b Foreign TIN	c Check if FTIN not legally required. <input type="checkbox"/>
10 Reference number(s) (see instructions)		

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.

Participating FFI. Reporting Model 2 FFI.

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

13 GIIN (if any)

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax-exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax-exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> No LOB article in treaty
	<input type="checkbox"/> Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 **Special rates and conditions** (if applicable—see instructions):
 The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

16 Name of sponsoring entity: _____

17 Check whichever box applies.

I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part XXVII Excepted Inter-Affiliate FFI

- 41** I certify that the entity identified in Part I:
- Is a member of an expanded affiliated group;
 - Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
 - Does not make withholdable payments to any person other than to members of its expanded affiliated group;
 - Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
 - Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

Part XXVIII Sponsored Direct Reporting NFFE (see instructions for when this is permitted)

- 42** Name of sponsoring entity: _____
- 43** I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

Part XXIX Substantial U.S. Owners of Passive NFFE

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

Name	Address	TIN

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here _____

Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

14.2 After you fill out the W-8BEN-E and save the file on your computer, upload the completed form by clicking “Choose File” and select the appropriate file to upload.

W-8BEN-E *

An image or PDF file can be used here. A blank form can be found at this link:
[W-8BEN-E](#)

No file chosen

15. Next, complete the Company Information section. Please enter your company’s full legal name here.

Hit “Next” in the bottom right corner of the screen to continue.

Company Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Business Name or DBA *
Business Name or DBA is defined as the name your company uses to present itself to the public. This name may not necessarily be tied to your Tax Identification Number.

Enter Text Here
Luis Fonsi

Telephone Number *
Enter Telephone Here
(213) 222-3656 ext.

Preferred Email *
Enter Email Here
foreignbusiness@email.com

16. Next, complete the Primary Address section. (This is your company’s permanent address or headquarters.) **NOTE: This address must be the same as on the W-8BEN-E.**

Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country *
Select an Option
Canada

Street 1 *
Enter Text Here
1845 Northwest Ave

Street 2
Enter Text Here
This field is required

City *
Enter Text Here
Vancouver

Province *
Select an Option
British Columbia

Zip / Postal Code *
Enter Text Here
1N 2RF

17. Next, complete the Remittance Address section. Click the **“Same as Primary Address”** box, since check payment option is not available for foreign entities.

Hit **“Next”** again to continue.

Remittance Address Same as Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Save and Exit **Next**

18. Next, choose **“No”** for **“Are you a SDSU/SDSURF student or employee?”**

19. Next, for the Supplier category, select **“Foreign Entity.”**

20. Next, for the question **“Do you accept credit cards?”** choose one that applies to your organization.

Additional Information

Please contact sdsurfap@sdsu.edu if you have questions related to the Additional Information section of the registration.

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Are you a SDSU/SDSURF student or employee?*

Select an Option
No

Supplier Category*

Select an Option
Foreign Entity

Do you accept credit cards?*

Select an Option

Choose One
Yes
No

21. Next, for the question, **“Do you accept Purchase Orders?”** choose the one that applies to your organization.

Additional Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Purchase Order Information

Do you accept Purchase Orders?*

Select an Option
Yes

Please provide your email address for purchase order delivery*

Enter Email Here
company@email.com

Insurance Information

Please indicate the type(s) of insurance you will be providing (select all that apply)*

[Link to insurance requirements](#)

Commercial General Liability Insurance
 Workers Compensation and Employers Liability Insurance
 Business Automobile Insurance
 Cyber/Privacy Liability Insurance
 Professional Liability or Errors and Omissions Insurance
 I will not be providing insurance

22. Next, choose your “**Bank Location**” and “**Payment Method.**” If you select **US Bank Account**, you can choose ACH (direct deposit) or Check.

If you choose ACH (direct deposit, under US Bank) you will need to fill out the banking information that follows this section.

Note: Only domestic US banks can be used for direct deposit payments.

Additional Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Payment Information

Bank Location*

Please indicate whether you will be using a US bank account or a foreign bank account to deposit your payment.

Select an Option

US Bank Account

Payment Method for Payees with a US Bank Account*

If you are a SDSU or SDSURF student or employee, ACH is required for payment.

Select an Option

ACH

I (we) hereby authorize SDSURF to initiate adjustments made for any deposited entries made in error to my account*

Authorize

If you wish to receive a wire transfer to a foreign bank, please select “**Foreign Bank**” and then “**Wire**” as your payment method. Skip to Step # 31 for additional instructions.

23. Then, complete the Banking Information.

Banking Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Bank Name*

Enter Text Here

Bank of America

Name on Account*

Enter Text Here

Pepper Pots

24. Next, upload a bank validation file. You will be required to provide banking information and supporting documentation to verify and validate your account information.

Bank Validation File*

An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

[Choose File](#)

No file chosen

25. Next, provide an email address to receive payment notifications, and click the **"I Agree"** box to authorize PaymentWorks to send electronic payments.

Email Address for Payment Notifications *

Enter Email Here

Bank Authorization *

Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account

I Agree

26. Lastly, provide the bank address.

Bank Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country *
Select an Option
United States

Street 1 *
Enter Text Here
PO

Street 2
Enter Text Here

City *
Enter Text Here

State *
Select an Option
District of Columbia

Zip / Postal Code *
Enter Text Here

27. Once completed, click the **"Submit"** button at the bottom right corner.

Save And Exit Submit

You will see this once submitted.

Over the next week, please check your spam / junk mail for any additional communications from PaymentWorks.

Submission Successful!

Your new vendor registration has been submitted successfully to SDSU Research Foundation (Test).

As part of your registration process you **may** receive a phone call from PaymentWorks to review information you have submitted.

You will receive an email notification when your application has been approved.

Please note - this is not an authorization to perform services.

[Give Us Your Feedback](#) [Go to your dashboard](#)

From Step 22, below is another option for Banking Location and Payment Method.

28. If you select **Foreign Banks**, you can choose Wire or Check.

Only select Check if you are in the US to pick up the check. Otherwise, select Wire.

If you select “Check” (under Foreign Bank), there will be no more information to provide. Please click the “Submit” button to fully submit the application.

The screenshot shows a form titled "Additional Information" with two main sections: "Additional Information" and "Payment Information".

- Additional Information:** Contains a note: "All fields marked with a red asterisk (*) are required fields. All other fields are optional."
- Payment Information:**
 - Bank Location*:** A dropdown menu with "Foreign Bank Account" selected.
 - Payment Method for Payees with a Foreign Bank Account*:** A dropdown menu with "Choose One" selected. Below it, "Wire" and "Check" are listed as options.

If you select “Wire” (under Foreign Bank), you will be required to provide banking information and supporting documentation to verify and validate your account information.

The screenshot shows a form titled "Banking Information" with two text input fields:

- Bank Name*:** Labeled "Enter Text Here", containing the text "Bank of America".
- Name on Account*:** Labeled "Enter Text Here", containing the text "Pepper Pots".

Below the fields is a note: "All fields marked with a red asterisk (*) are required fields. All other fields are optional."

The screenshot shows a section titled "Bank Validation File*" with the following content:

An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

Below the list is a "Choose File" button and the text "No file chosen".

29. Then, click the **Submit** button to fully submit your PaymentWorks registration.



After your application is fully approved, you will receive an email with your vendor ID number and a link to a Wire Transfer form to complete your foreign banking information. Your payment cannot be processed until this Wire Transfer form is completed.