After new screen appears, scroll to bottom of page, check box - Yes, I agree, select Next.
Organization Information

Please enter the information requested below.
*denotes required fields.

Country *
(United States) □

This office is
If you are an individual/sole proprietor, select "Parent/Holding Company." If your organization has a DBA please register the DBA separately as a "Branch." ← Don't Use DBA

Parent/Holding Company □ Branch/DBA

Federal Employer Identification Number *

Clear

Confirm Federal Employer Identification Number *

-OR-

Social Security Number *

Clear

Confirm Social Security Number *

Unique Branch Identifier

Confirm Unique Branch Identifier

Legal Name of Entity/Individual *

50 characters left.

Mailing Address *

30 characters left

City *

30 characters left

State/Province *

Missouri □

Postal / Zip Code *

Type of Business *

Other: Federal Tax Exempt/Non Profit

Internal Revenue Service W-9 Form and ACH-EFT Payment Information

Would you like to provide this information now or later?

X Now □ Later
W-9 Form Request for Taxpayer Identification Number and Certification

In order to conduct business with the State of Missouri, you must submit a signed IRS W-9 Form certifying the Federal Employer Identification Number or Social Security Number entered above was assigned to your organization by the Internal Revenue Service. You can download this form here. You may also provide a W-8 form, if applicable. Please upload your document below.


Click on Add files

ACH-EFT Payment Information

Providing Automated Clearing House (ACH) Information is recommended at the time of vendor registration with the State of Missouri to enable payment by Electronic Funds Transfer (EFT) if you are selected for award and will be entitled to payment. Please provide all of the information below to initiate credit entries, allowing you to receive payments from the State of Missouri as applicable.

An IRS Form W-9 is required to submit ACH-EFT information.

See check sample below for the location of your routing number and account number.

Name of Financial Institution *

Address of Financial Institution *

City *

State *

Missouri

Postal / Zip Code *

Depositor Routing Number *

Re-enter Depositor Routing Number *

Depositor Account Number *

Re-enter Depositor Account Number *

Name on Account *

Type of Account

☐ Checking  ○ Savings
Verification of Accurate Information
☒ I (We) acknowledge that the ACH information provided above is correct.

Authorization of Credit
☒ I (We) hereby authorize the State of Missouri to initiate credit entries to my (our) account at the
depository financial institution named and to credit the same such account. I (We) acknowledge that the
origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of
Administration, has received written notification from me (us) of its termination in such time and in
such manner as to afford the State of Missouri and the financial institution a reasonable
opportunity to act on it.

Missouri Counties/Regions Served

Would you like to provide this information now or later?
☐ Now ☐ Later

Diversity/ Disadvantaged Business Classifications

The following information is optional and may not apply to your organization.

If applicable, would you like to provide this information now or later? Select 'Later' if none of the
classifications apply to your organization.
☐ Now ☐ Later

Would you like your company to be included on the State of Missouri's 24 hour Emergency Ven

☐ No ☐ Yes

*denotes required fields.
**Organization Contact Information**

Please enter the Organization's main point of contact information. Additional contact and user information can be added in the system once you have established your main account. *denotes required fields.

**Salutation**
--Select-- □

**First Name** *

**Last Name** *

**Job Title**

**Main Phone Number** (10 digits, no spaces or hyphens) *

* leave blank 

**Fax Number** (10 digits, no spaces or hyphens)

* leave blank 

**Confirm Main Phone Number** *

* leave blank 

**Confirm Fax Number** *

Either a phone number or fax number is required to register.

**Email Address** *

**Confirm Email Address** *

**User name**
can use first initial & last name

**Password**
8 characters upper & lower case letters, numbers & special characters

**Confirm Password** *

*denotes required fields.

Keep the Missouri BUYS User Name & Password for your records.
## Organization Payment Information

Please choose your payment types and payment terms.

<table>
<thead>
<tr>
<th>Action</th>
<th>Payment Type</th>
<th>Priority</th>
<th>Payment Term</th>
<th>Payment Term Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
<td>Invoice</td>
<td>1</td>
<td>NET45</td>
<td>Payment before 45 days after delivery</td>
</tr>
</tbody>
</table>

*denotes required fields.

Okay - Don't Change
Select Commodity/Service Codes

Select the commodity and service codes below which best apply to your organization's business. Selecting these codes will subscribe you to receive notifications on solicitations posted by the State of Missouri's agencies, universities, and political subdivisions. It will also make your organization easier to find when Missouri's entities are preparing to make a purchase. If you do not wish to receive solicitation notifications, please select 'Unknown'.

Select the UNSPSC commodity and/or service code(s) which apply to your organization's business. Choose at least one code. You may add more or update this information later in the Profile Management menu.

Enter a keyword or search phrase and click Search. Check/Select the category to save your changes.

Available Categories
- Apparel and Luggage and Personal Care
- Building and Construction Machinery and Accessories
- Building and Facility Construction and Maintenance
- Chemicals including Bio Chemicals and Genetically Engineered
- Cleaning Equipment and Supplies (470000)
- Commercial and Military and Private Vehicles
- Defense and Law Enforcement and Security
- Distribution and Conditioning Systems and Components
- Domestic Appliances and Supplies and Complementary Services
- Drugs and Pharmaceutical Products (510000)
- Editorial and Design and Graphic and Fine Arts
- Education and Training Services (8600000)
- Electrical Systems and Lighting and Components
- Electronic Components and Supplies (3200000)
- Engineering and Research and Technology Services (6700000)
- Environmental Services (77000000)
- Farming and Fishing and Forestry and Wildlife
- Farming and Fishing and Forestry and Wildlife
- Financial Instruments, Products, Contracts
- Financial and Insurance Services (84000000)

*denotes required fields.

Vendor Registration Confirmation displays on screen
Close screen
You will receive an email confirming submission

Watch your email in the next 2-4 weeks for approval or to correct any problems
Ignore any bid emails
Go Back In To Fix Info. If Needed

8/20/2019