



Supplier Application

Date

II-VI Division

II-VI Contact

Primary Company Contact Information: (II-VI places order with this location)

Legal Business Name

Business Name 2

Street Address

Street Address line 2

City

State/Province

Country

Zip Code + 4 Digit

+

Phone Number

Fax Number

E-mail Address

Supplier Classification

Federal Tax Classification	Individual/Sole Proprietor	Trust/Estate
	C Corporation	Limited Liability Company
	S Corporation	Other
	Partnership	

Tax Payer Identification
Number (EIN/SS#)+

+This information can also be faxed or e-mailed to the ACH/
Wire contact information at the bottom of this form.

Business Classification

Large Business
Small Business
HBCU/MI (Historically Black Colleges, Universities/
Minority Institutions)
NIB/NISH (National Institute of the Blind/National
Institute of the Severely Handicapped)

Subcategories of Small Business

Certified Small Disadvantage Business
Small Disadvantaged Business
HUB-zone Small Business
Women-Owned Small Business
Veteran-Owned Small Business
Service Disabled Veteran-Owned Small Business

Conflict of Interest Statements

Does any II-VI Incorporated employee serve as a director, officer,
partner or owner of this company? Yes No

Does any immediate family member of a II-VI Incorporated employee
serve as a director, officer, partner or owner of this company? Yes No

If you answered yes, to the above questions, please identify the pertinent individual(s) and their
relationship to this company:

Preference for Receiving Purchase Orders:

Fax

E-Mail

E-mail Address

Fax Number

Remittance Information: (II-VI is to remit payment to this company and address)

**Is remittance information
different from primary
contact information?**

Yes

No

Legal Business Name

Business Name 2

Street Address

Street Address line 2

City

State/Province

Country

Zip Code + 4 Digit

+

Preferred payment Method:

Check

ACH (For US Vendors Only)

Wire or T/T

If you prefer ACH or Wire, please send bank account details to us at:

E-Mail: AP@II-VI.com

Fax: 724-741-1793

- Please include your Company Name on all correspondence.
- Please note that if ACH or Wire information is not sent, you will be paid by check to ensure payments are made in a timely manner.
- Please email your W9 with this form.

II-VI Incorporated payment terms are net 60 days.
