
Supplier Application

Date

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

Legal Business Name

Business Name 2

Attention

Street Address

Street Address line 2

Street Address line 3

City

State/Province

Other State or Region Abbr.

Country

Zip Code

Phone Number

Fax Number

E-mail Address

Supplier Classification

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

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

Business Name

Business Name 2

Attention

Street Address

Street Address line 2

Street Address line 3

City

State/Province

Other State or Region Abbr.

Country

Zip Code

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: 724-360-5947 Attention: Accounts Payable

Please include your Company Name on all correspondence.

Who is your II-VI Contact:

Name of person completing form:

E-mail/Phone# to contact person completing form in case of questions.