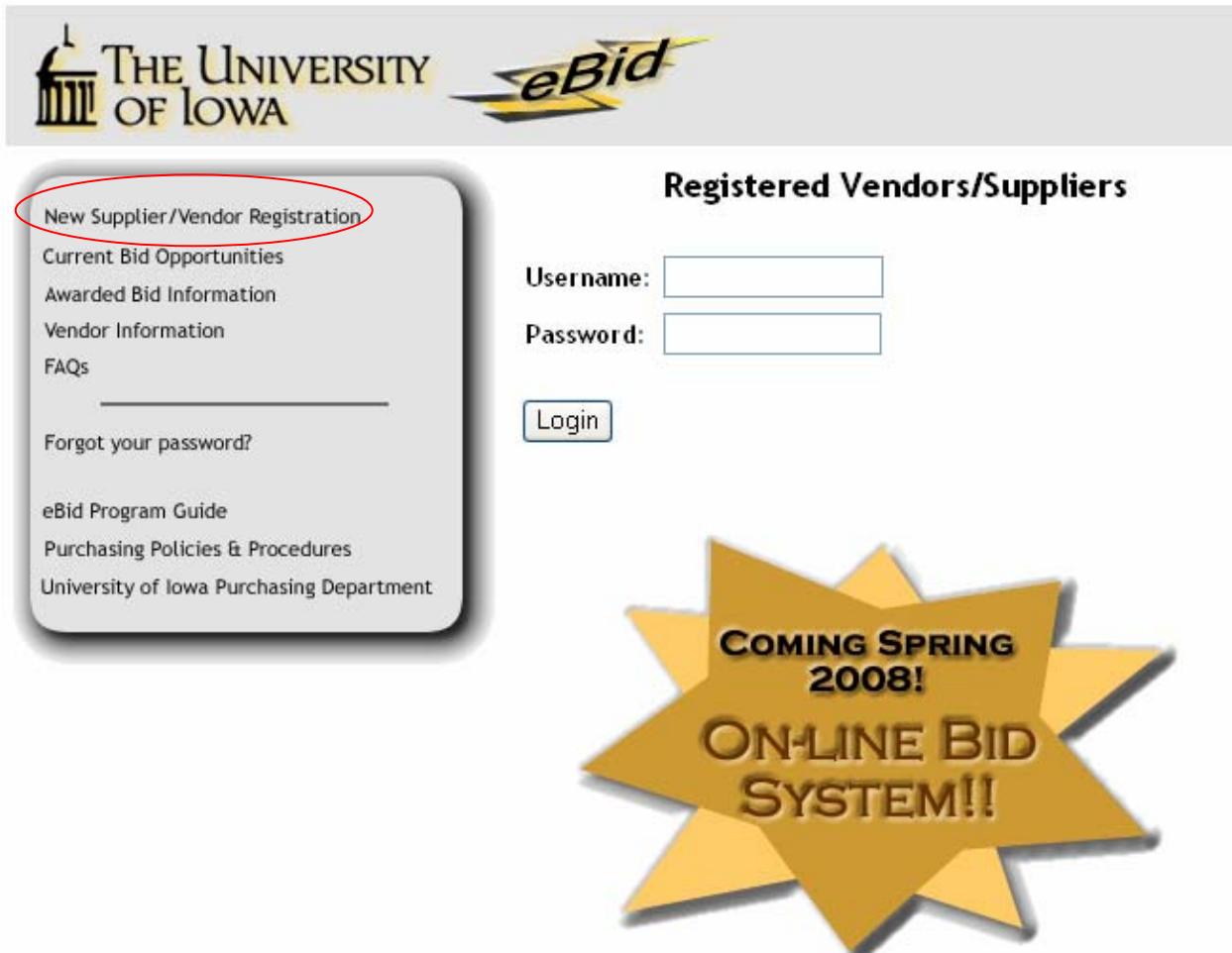


SciQuest Supplier Registration Document

How to Register

Access The University of Iowa eBid system through the eBid Website at <http://www.uiowa.edu/~purchase/purchase/eBidLogin.htm>.



THE UNIVERSITY OF IOWA **eBid**

New Supplier/Vendor Registration
Current Bid Opportunities
Awarded Bid Information
Vendor Information
FAQs
Forgot your password?
eBid Program Guide
Purchasing Policies & Procedures
University of Iowa Purchasing Department

Registered Vendors/Suppliers

Username:

Password:

Login

**COMING SPRING 2008!
ON-LINE BID SYSTEM!!**

Click on the **"New Supplier/Vendor Registration"** link.

Step 1:

Read thru the Terms and Conditions and click on the **"Accept Terms & Conditions"** button

Step 2:

Complete the Company Information, Payment Information and Employee Vendor Relations sections. (All fields with a red asterisk are required).

Company Information (Step 2 of 6)

** indicates a required field*

| Company Information | |
|---|--|
| * Trade Name (dba) | <input type="text"/> |
| Legal Name (if different) | <input type="text"/> |
| * Organization Type | [Select Type] <input type="button" value="v"/> |
| * Tax ID (EIN or SSN) | <input type="text"/> |
| State of Incorporation | <input type="text"/> |
| Year of Incorporation | <input type="text"/> |
| Toll Free Telephone Number | <input type="text"/> |
| Formation/Incorporation Date | <input type="text"/> |
| Website | <input type="text"/> |
| DUNS # | <input type="text"/> |
| Company Description | <input type="text"/> |
| * Business Type | [Please Select] <input type="button" value="v"/> |
| * Annual Gross Sales | [Please Select] <input type="button" value="v"/> |
| * Excluded from Federal Procurement or Nonprocurement Programs? | [Please Select] <input type="button" value="v"/> |
| Years in Business | <input type="text"/> |
| * Number of Employees | <input type="text"/> |
| Payment Information | |
| * Does your business accept credit card? | [Please Select] <input type="button" value="v"/> |
| * Does your business accept ACH? | [Please Select] <input type="button" value="v"/> |
| If your business accepts ACH please enter Bank Name in the field provided. | <input type="text"/> |
| If your business accepts ACH please enter Bank routing number in the field provided. | <input type="text"/> |
| If your business accepts ACH please enter the Effective Date in the field provided. | <input type="text"/> |
| If your business accepts ACH please enter an email address for APPO vendor web access to view invoices paid by ACH. | <input type="text"/> |
| Employee Vendor Relations | |
| * Does this company have a financial relationship with any State of Iowa Agency, Regent Institution or specifically with the University of Iowa. A financial relationship could include, but is not limited to, a joint venture, research grant, consulting agreement, honoraria, travel funding, or any other benefit or substantial gift. | [Please Select] <input type="button" value="v"/> |
| If Yes, please state the name and describe the relationship. | <input type="text"/> |
| * Does the company employ a spouse/partner or minor child of a University of Iowa employee? | [Please Select] <input type="button" value="v"/> |
| If Yes, If Yes, please state the name and describe the relationship. | <input type="text"/> |
| * Does the company have a personal relationship with any University of Iowa employee? A personal relationship means a relationship with another sufficiently close that a reasonable person would believe that it would be difficult for this individual to make a purchasing decision as if he or she were a new acquaintance. | [Please Select] <input type="button" value="v"/> |
| If Yes, please state the name and describe the relationship. | <input type="text"/> |
| <input type="button" value="Previous"/> | <input type="button" value="Cancel Registration"/> |
| <input type="button" value="Next"/> | |

Step 3:
Provide the Primary Address Information.

Address Information (Step 3 of 6)

** indicates a required field*

| Primary Address (Required) | | | | |
|----------------------------|---|----------------------|----------------------|----------------------|
| * Address | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| * City | <input type="text"/> | | | |
| * State | Iowa <input type="button" value="v"/> | | | |
| * Zip | <input type="text"/> | | | |
| * Country | United States of America <input type="button" value="v"/> | | | |
| * Phone | Country | Area | Number | Ext |
| | <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fax | Country | Area | Number | Ext |
| | <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Provide the Remittance Address (if different than the Primary Address). If the address is the same as Primary Address, than click the blue **"Same as Corporate"** link.

| Remittance Address (Required) | | | | |
|-----------------------------------|---|----------------------|----------------------|----------------------|
| Same as Corporate | | | | |
| * Address | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| * City | <input type="text"/> | | | |
| * State | Iowa <input type="button" value="v"/> | | | |
| * Zip | <input type="text"/> | | | |
| * Country | United States of America <input type="button" value="v"/> | | | |
| * Phone | Country | Area | Number | Ext |
| | <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fax | Country | Area | Number | Ext |
| | <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Provide the Correspondence Address (optional). If the address is the same as Primary Address, than click the blue **"Same as Corporate"** link.

Step 4:

Select applicable Special Classifications (at least one is required).

Vendor Classification (Step 4 of 6)

** indicates a required field*

Special Classifications

*** Special Classifications**

- African American
Minorities: include the groups with the following ethnic origins: African, Asian Pacific, Asian Subcontinent, Hispanic, Native Alaskan, Native American, and Native Hawaiian.
- Asian American
Minorities: include the groups with the following ethnic origins: African, Asian Pacific, Asian Subcontinent, Hispanic, Native Alaskan, Native American, and Native Hawaiian.
- Corporation
A group of persons granted a state charter legally recognizing them as a separate entity having its own rights, privileges, and liabilities distinct from those of its members. The process of incorporating should be completed with the state's secretary of state or state corporate counsel and usually requires the services of an attorney.
- Disadvantaged
A business that is (1) at least 51 percent owned and operated by disadvantaged individuals, or, in the case of publicly owned business at least 51 percent of the stock is owned by one or more disadvantaged individuals, and (2) whose daily business operations are managed and directed by one or more of the disadvantaged owners. "Operated" means actively involved in the day to day management. Disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, Asian Americans, a
- Disabled
The "disabled" are individuals whose physical or mental abilities prevent them from fully participating in normal activities and/or functions of living. The intended beneficiaries of The Americans with Disabilities Act (ADA). ADA gives federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. t guarantees equal opportunity for individuals with disabilities in public accommodati
- Government Agency
Government Agency
- Historically Black Col/Min Ins
Historically Black College or Universities
- Hispanic/American
Minorities: include the groups with the following ethnic origins: African, Asian Pacific, Asian Subcontinent, Hispanic, Native Alaskan, Native American, and Native Hawaiian.
- Iowa Owned Business
A business concern as defined by Iowa Law

To select Commodity Codes (required), click on the **"Add or Remove Selections"** link. Some bids may be sent to vendors automatically based on the Commodity Code(s) chosen.

Commodity Codes

*** Commodities** **Warning* No commodity codes selected. This may prevent you from being notified of new event opportunities.*

[\[Add or Remove Selections\]](#)

Previous Next

A pop-up screen will appear; click **"Select"** for any of the commodities that pertain to your business. You can remove commodities selected in error by clicking on **"Delete"**. Once finished, click on **"Save Selections"** and you will go back to the Step 4 screen. Click on **"Next"** at the bottom of the page.

[Search]

[Expand All] [Collapse All]

Commodities

- [Select] Live Plants and Animals - Seeds, Bulbs, Animal I
- [Select] Minerals and Textiles - All Fabrics and Cloths, A
- [Select] Chemicals and Gas Materials - Matches, Elemen
- [Select] Resin, Rosin, Rubber, Foam, Film - Acrylic Films
- [Select] Paper Products and Materials - Exam Books, Pri
- [Select] Fuels, Oil, Lubricants, Fuel Additives - Aviation,
- [Select] Mining Machinery - Drilling and Operation Acces
- [Select] Landscape Machinery and Equipment - Farming
- [Select] Construction machinery - Earth Moving, Snowpl
- [Select] Industrial Manufacturing Machinery - Milling, En
- [Select] Material Handling & Storage Equipment and Sup
- [Select] Vehicles and Components, Braking Systems - Co
- [Select] Power Generation, Machinery, Batteries - Engin
- [Select] Tools and General Machinery - Hand Tools, Spec
- [Select] Building and Construction Components, Flooring
- [Select] Hardware, Paint, Bearings and Supplies - Abrasi
- [Select] Electrical Systems Hardware and Supplies, Ligh
- [Select] Distribution and Conditioning Systems - Heating
- [Select] Laboratory and Measuring and Observing and T
- [Select] Medical and Dental Equipment and Accessories
- [Select] Information Technology, Broadcasting and Tele

[Save Selections]

Selected Commodities:

- [Delete] Transportation and Storage and Mail Services - Trucking Services, Relocation Services, Chartered Plane or Bus Travel, Helicopter, Passenger Rail, Taxicab, Transport Fueling, Vehicle Body Repair or Painting Services

[Save Selections]

Step 5:

Provide the Primary User Information. This must be someone authorized to sign bid responses. Click **"Next"** when finished.

User Information (Step 5 of 6)

** indicates a required field*

Primary User Information - User MUST be person authorized to sign bid responses!!

| Prefix | [Select Prefix] v | | | | | | | | |
|---------------------------|--|----------------------|----------------------|--------|-----|---|----------------------|----------------------|----------------------|
| * First Name | <input type="text"/> | | | | | | | | |
| Middle Name | <input type="text"/> | | | | | | | | |
| * Last Name | <input type="text"/> | | | | | | | | |
| Title | <input type="text"/> | | | | | | | | |
| * Email | <input type="text"/> | | | | | | | | |
| * Email Confirm | <input type="text"/> | | | | | | | | |
| Phone | <table border="1"> <thead> <tr> <th>Country</th> <th>Area</th> <th>Number</th> <th>Ext</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Country | Area | Number | Ext | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country | Area | Number | Ext | | | | | | |
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| Fax | <table border="1"> <thead> <tr> <th>Country</th> <th>Area</th> <th>Number</th> <th>Ext</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Country | Area | Number | Ext | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country | Area | Number | Ext | | | | | | |
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| * User Name | <input type="text"/> | | | | | | | | |
| * Password | <input type="text"/> | | | | | | | | |
| * Password Confirm | <input type="text"/> | | | | | | | | |
| * Time Zone | [Select Time Zone] v | | | | | | | | |

Step 6

Review information and make any necessary changes by clicking the “[Edit]” link on the right of the page for each section. If the information is correct, click Submit Registration button on bottom of the page. The Primary User will receive a confirmation email including Username and Password once the registration has been approved.

| |
|-----------------------------|
| CONTACT INFORMATION: |
|-----------------------------|

Please send any questions/comments to: ebid@uiowa.edu.