



Introduction

This guide provides an overview and step-by-step instructions for a Supplier to follow and complete the Supplier registration process with MSD. At any time during registration, you can click Save to complete the process at a later time. Otherwise, once you click continue, your work will automatically be saved and you will be directed to the next page.

If you have any questions, please contact suppliers@stlmsd.com. Please enter your company name exactly as shown on your company's W-9. If you don't have a TIN, please submit a manual request by completing a "New Supplier Data Form" found on our website (MSDProjectClear>Doing Business With Us>Suppliers>Overview) or you can use the link; <https://msdprojectclear.org/doing-business/>

Access Supplier Portal

On the Company Details screen, provide your supplier information as you are guided through each of the sections listed on the right-hand side of the screen. The information entered on your registration must match your uploaded, hand-signed and dated IRS W-9 Form.

Supplier Registration

Company Details

Company Money-making	Website	Country United States
Taxpayer ID 1256848	Tax Registration Number	D-U-N-S Number
Organization Type Corporation	Supplier Type	

Note to Approver

Attach tax, insurance, and other relevant documents

Drag and Drop
Select or drop files here.

URL	Add URL
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In the **Company** field, enter the Legal Name of the entity/individual. The system will **not** allow duplicative names. The Legal Name must match, excluding punctuation, the entity/individual name on record with the IRS for your Tax Identification Number. **Ensure your registration information matches the information on your W-9.**

In the **Website** field, if desired, enter your business website's URL.

In the **Country** field, click on the drop-down arrow to choose your country. You can also start typing the country and a list of options will be provided to select from.

In the **Taxpayer ID** field, enter your 9-digit Taxpayer ID. Do **not** enter any hyphens, spaces, or dashes.

This will be either your Social Security Number (SSN) or your Federal Employer Identification Number (FEIN). Do not enter your 9-digit SSN or FEIN if you are registering your Branch/DBA Supplier name.

Note: MSD uses this information to associate your registration for Federal tax reporting.

In the **Organization Type** field, you will enter whether you are an Individual, Parent/Headquarters or Branch/DBA. **Individual** applies to you if are doing business as yourself or as a sole proprietor.

- **Individual** applies to you if are doing business as yourself or as a sole proprietor.
- **Parent/Headquarters** applies to your organization if it is the parent or headquarters location of your organization.
- **Branch/DBA (Doing Business As)** applies to your organization if it is a child company or branch location of another entity. If you are registering your Branch/DBA, please double check the following:

The **Supplier Type** field will be defaulted to Supplier

In the **Note to Approver** field, add any additional notes that may apply. For example, in the case of an ownership change or business restructure, please add the prior supplier's name. Do not enter any sensitive information in the **Note to Approver** field, such as SSN, FEIN, or bank information.

Note: If you are registering your Branch/DBA registration, please add the Parent/Headquarters company name in the **Note to Approver** field.

Please attached the relevant documents such as the current signed W-9 or applicable insurance forms.

Enter details on Contacts page:

The contacts screen is where you will enter your contact information and create additional contacts who will need access to the portal.

Supplier Registration

Contacts

Contact 1

Enter contact details. Registration communications will be sent to this contact.

First Name First Name	Last Name Last Name	Email MSD.MSD@stlmsd.com
Job Title	Country US	Mobile +1
Country US	Phone +1	Ext
Country US	Fax +1	

Is this an administrative contact?

Administrative contact will receive general communications from us.

Yes No

- Enter your contact details with your **First Name, Last Name, Email, and Job Title.**
- Provide either a **Mobile** or **Phone** number in case MSD needs to contact you regarding your registration. If entering a **Mobile** number: In the field to the left, verify the **Country** selected is “US”.
- In the **Mobile** field, enter your mobile phone number, starting with “+1” which automatically populates, and your area code first.
- If entering any other **Phone** number: In the **Phone** field, first, enter your phone number, starting with “+1” which automatically populates, and your area code.
- In the **Ext** field, enter your extension, if applicable.

Is this an administrative contact?

Administrative contact will receive general communications from us.

Yes No

Does this contact need a user account?

User accounts will provide online access to supplier transactions and self-service tasks.

Yes No

Verify your response for “Is this an administrative contact?” User Account is defaulted to “No”.

Supplier Registration

Addresses

Enter at least one address.

Address 1 🗑️

Address Name
PURCH

What's this address used for? Select at least 1 purpose.

Receive Purchase Orders Receive Payments Bid on RFQs

Country/Region
United States

Address Line 1
1370 Ham

Address Line 2

Address Line 3

City
Saint Charles

State
MO

Postal Code
63303

Postal Code Extension

Country
Saint Charles

Email

Country
US

Phone
+1

Ext

Country
US

Fax
+1

Which contacts are associated to this address?

Lisa Thelen lthelen@stlmsd.com

The **Addresses** screen is where you will enter your address. You will need to enter the address that is on your W-9 and can add additional addresses, such as a PO Box address. **The information entered on your registration must match your uploaded, hand-signed, and dated Internal Service W-9 Form.**

In the Address Name field, enter the city in which you reside/do business. Note: The system will not allow duplicate address names. Enter all required information for the address. If the remit to and purchase order addresses are the same, enter Address Name as “BOTH” and check boxes “Receive Purchase Orders” & “Receive Payments”.

If different, please enter Address Name as “PAY” for remit to address and check box “Receive Payments” and enter Address Name as “PURCH” for purchase order address and check box “Receive Purchase Orders”.

Enter Address Line 1,2,3 if applicable, then enter Postal Code, in the Postal Code drop down, select 2 digit State coding.

Once you have entered the address information, you will be able to associate a contact to this address by selecting the applicable checkbox.

To add another address, click Add Another Address at the bottom of the page.

If you would like to remove an address, please click on the trash icon. Ensure that you are removing the correct address.

Supplier Registration

Business Classifications

Enter at least one business classification or select none applicable.

Business classification 1 ✕

Classification
MWBE: Women Owned

Subclassification

Certifying Agency

Other Certifying Agency

Certificate Number

Certificate Start Date

Certificate End Date

Notes

Attach current certificates and supporting documents

Drag and Drop
Select or drop files here.

Select only MWBE: Women-Owned or Minority-Owned, if applicable. If neither apply, click on the “None of the classifications are applicable” checkbox.

Note: MSD accepts only certifications from the Missouri Office of Equal Opportunity and the City of St. Louis.

Supplier Registration

Products and Services

Q Search by category or description

1 selected View Selected Clear Selected

Category	Description
<input type="checkbox"/> ▶ 000.00 - Default Category Class	Default Category Class
<input type="checkbox"/> ▶ 020.00 - HVAC, Appliances, Air Compressors and Similar	HVAC, Appliances, Air Compressors and Similar
<input type="checkbox"/> ▶ 060.00 - Automotive Maintenance and Repair Items - All	Automotive Maintenance and Repair Items
<input checked="" type="checkbox"/> ▶ 070.00 - Motor Vehicles	Motor Vehicles

Please review the list of Products and Services below and select the ones that apply to your company. To receive notifications for a specific category and all its sub-categories, check the box next to the desired category. You can select as many categories as needed. To only receive notifications from a sub-category within a parent category, click on the triangle next to a folder to view sub-categories. **Check the boxes** next to categories or sub-categories for which you would like to receive notifications on bidding opportunities. Purchasing uses this list to determine which suppliers to notify when bid opportunities arise. For example, if your company can supply 670.00- Plumbing Supplies and you select this category, you will be notified when a solicitation for Plumbing Supplies is issued. Click continue when finished.

Once you have submitted your potential Supplier registration application, you will be redirected to a “Success” page stating that your supplier registration request was submitted. If your registration has been successfully submitted, you will receive a system notification via email confirming your business relationship with MSD is Prospective. If items are missing, you will receive a notification requesting additional information.

For any questions, please contact Suppliers: Suppliers@stlmsd.com