



Vendor Registration Application / W-9 Form

(Substitute IRS W-9 Form) Date (Received): / /

New Address Change Reactive Vendor No.: _____

Federal Taxpayer Identification Number (FIN): _____ - _____
(AKA EMPLOYER IDENTIFICATION NUMBER – EIN)

OR Social Security Number: _____ - _____ - _____
(IF INDIVIDUAL OR SOLE PROPRIETORSHIP)

Name (as shown on your income tax return) _____

Business Name, if different from above _____

Organization Type (check one)

- Sole Proprietor Partnership Limited Liability Company (LLC)
- Corporation Non-Profit Government
- Trust Lawyer/Attorney Others

Business is exempt from backup withholding (check here) Yes No

SIGNATURE AND SUBSTITUTE IRS FORM 2-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature of Vendor Representative or Individual Payee

Date

PURCHASE / ORDER ADDRESS:	PAYMENT / REMITTANCE ADDRESS:
Individual Name if Sole Proprietorship _____	Individual Name if Sole Proprietorship _____
Company Name _____	Company Name _____
Street or PO Box _____	Street or PO Box _____
City, State, Zip _____	City, State, Zip _____
E-Mail Address: _____	E-Mail Address: _____
Contact Person: _____	Contact Person: _____
Telephone Number: (____) _____	Telephone Number: (____) _____
Fax Number: (____) _____	Fax Number: (____) _____

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by a public agency for bidding or furnishing materials, supplies or services, to any other public agency thereof.