|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VENDOR NAME (as shown on income tax return)** | | **PHONE NO:** | | | **FAX NO:** | | | **VENDOR NUMBER (Internal Use Only)** | |
|  | |  | | |  | | |  | |
| **BUSINESS NAME** (if different from above) | |  | | |  | | |  | |
|  | |  | | |  | | |  | |
| **PURCHASE ORDER ADDRESS** | | **CITY** | | | **STATE** | | | **ZIP CODE** | |
|  | |  | | |  | | |  | |
| **INVOICE REMITTANCE ADDRESS** | | **CITY** | | | **STATE** | | | **ZIP CODE** | |
|  | |  | | |  | | |  | |
| **UNITED STATES TAXPAYER IDENTIFICATION NUMBER (Social Security Number or Employer Identification Number)** | DUN & BRADSTREET# | | | **ACCEPTED PAYMENT METHOD(S)** | | | **VENDOR’S INTERNET ADDRESS** | | |
|  |  | | |  | | |  | | |
| **Payment Terms** |  | | | | | | | | |
| **VENDOR CONTACTS** | | | | | | | | | |
| Name: | Title: | | Phone: | | | Email: | | |  |
| Name: | Title: | | Phone: | | | Email: | | |  |
| **Business Type: (check all that are applicable)**  C Corporation  Partnership  Sole Proprietor  Individual  Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  S Corporation  Limited Liability Company: provide tax classification (C=Corporation, S=S Corporation, P=Partnership): \_\_\_\_\_\_\_\_\_\_\_\_\_  United States Tax Exempt Organization (501(c)\_\_\_)  Non-Profit: provide Internal Revenue Code classification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  International Organization: not organized in the United States or under the laws of the United States  Organized in the following country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Business Activity: {Check all that are applicable)**    Merchandise (Goods Only)  Services  Rentals  Legal Services  Medical/Health Care  Royalties  Merchandise & Services  Consultant/Professional fees Size/Type Classification Certification: Foreign Based Business  Large  Small Business  Small Disadvantaged Business  Small Woman Owned Small Business  Hist. Black College – Minority  HUB Zone Small Business(SH)  Service-Disabled, Veteran-Owned Small Business  Has your organization been previously notified by the United States Internal Revenue Service that you are subject to back up withholding.   Yes or No | | | | | | | | | |