

Attachment 5

NEW VENDOR SET-UP FORM

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 address:
Name:	Title:	Phone:	Email address:
Business Type: (check all that are applicable)			
<input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain)_____			
<input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company: provide tax classification (C=Corporation, S=S Corporation, P=Partnership): _____			
<input type="checkbox"/> United States Tax Exempt Organization (501(c)____) <input type="checkbox"/> Non-Profit: provide Internal Revenue Code classification_____			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Merchandise (Goods Only) <input type="checkbox"/> Services <input type="checkbox"/> Rentals <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical/Health Care <input type="checkbox"/> Royalties			
<input type="checkbox"/> Merchandise & Services <input type="checkbox"/> Consultant/Professional fees			
Size/Type Classification Certification:			
<input type="checkbox"/> Foreign Based Business <input type="checkbox"/> Large <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Small Woman Owned Small Business <input type="checkbox"/> Hist. Black College – Minority <input type="checkbox"/> HUB Zone Small Business(SH) <input type="checkbox"/> 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. <input type="checkbox"/> Yes or <input type="checkbox"/> No			