



WEBER STATE UNIVERSITY

Purchasing & Support Services
1013 University Circle, Ogden UT 84408-1013
Phone (801) 626-6014 Fax (801)626-6498

Vendor Registration

WSU Vendor ID: _____

Send Orders To Business/Individual Name:

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Fax: _____

Email Address: _____

FOB POINT: _____

Are you a Minority Owned Enterprise (MBE)?

Yes No

Are you a Woman Owned Enterprise (WBE)?

Yes No

Send Payments To Business/Individual Name:

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Fax: _____

Email Address: _____

PAYMENT TERMS: _____

Does your company accept Mastercard?

Yes No

Is your company bondable? Yes No

Substitute W-9 Information:

Business, Individual, Trade, or DBA (doing business as) if different from above:

Check the box which describes the vendor's type of business and provide corresponding required information:

<input type="checkbox"/> Individual or Sole Proprietorship	Name of owner as known To Social Security Administration: _____ SSN (Social Security Number) of owner: _____
<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated Legal Service <input type="checkbox"/> Incorporated Med Service <input type="checkbox"/> Corporation <input type="checkbox"/> Incorporated Trust/Estate <input type="checkbox"/> Federal Governmental Entity <input type="checkbox"/> Local or State Government Entity <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Sub chapter S Corporation	Name of Business as entered on charter or document creating the legal entity: _____ TIN, EIN or FED ID _____ (Taxpayer Identification Number)

Certification: Under penalties of perjury, I certify that:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), **and** (2) The organization entity and all other information provided is accurate, **and** (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

You must cross out item (3) above if you have been notified by IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Authorized Signature

Title

Date

Typed Name

Phone Number