



WEBER STATE UNIVERSITY

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

Vendor Registration Form

WSU Vendor ID: _____

Send Orders To:		
Vendor/Business Name:		
Street Address:		
Address 2:		
City/State:	Zip:	Country:
Contact Name:	Phone:	
Email Address:	Fax:	
Payment Information <input type="checkbox"/> (Check if same as above.)		
Street Address:		Send Payments to Name (if different than above):
Address 2:		
City/State:	Zip:	Country:
Contact Name:	Phone:	
Email Address:	Fax:	
Payment Terms:	Accept Mastercard: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Classification		Other Information
Minority-Owned Enterprise: <input type="checkbox"/> Yes <input type="checkbox"/> No	FOB Point: _____	
Woman-Owned Enterprise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your company bondable: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Substitute IRS W-9 Form:							
Business, Individual, Trade, or DBA(Doing Business As) if different from legal name of person or entity:							
DBA:	<input type="checkbox"/> Exempt Payee						
Check the box which describes the type of business and provide name and tax ID information:							
<input type="checkbox"/> Individual or Sole Proprietorship	Name of owner as known to the Social Security Administration _____ SSN: _ _ - _ - _ - _ - _						
OR							
<input type="checkbox"/> Limited Liability Company (LLC) LLC Tax <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation Class <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate	Name of business entered on charter or document creating the legal entity: _____ FED ID, TIN, or EIN: _ _ - _ - _ - _ - _ (Taxpayer Identification Number)						
<input type="checkbox"/> Corporation <input type="checkbox"/> Medical Corp <input type="checkbox"/> Legal Corp <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Federal or <input type="checkbox"/> Local or <input type="checkbox"/> State Government <input type="checkbox"/> Other (list type)	For WSU use only: <table border="1"> <tr><td>NC</td><td>RE</td><td>RY</td></tr> <tr><td>AT</td><td>MD</td><td>PR</td></tr> </table>	NC	RE	RY	AT	MD	PR
NC	RE	RY					
AT	MD	PR					
Certification: Under penalties of perjury, I certify that: 1)The numbers shown on this form is my correct taxpayer identification numbers (or I am waiting for a number to be issued to me), and 2)I am not subject to backup withholding either 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 ot 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. citizen or other U.S. person. <i>Cetification Instructions : See IRS W-9 instructions to complete this form at http://www.irs.gov/formspubs/index.html</i>							

Authorized Signature

Title

Date

Print or Type Name

Phone Number