

**WEBER STATE UNIVERSITY**

Purchasing & Support Services
3850 Dixon Parkway Dept 1013
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:	<input type="checkbox"/> Exempt Payee								
DBA: _____									
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 <hr style="border-top: 1px dotted black;"/> <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) _____	Name of business entered on charter or document creating the legal entity: _____ FED ID, TIN, or EIN: _ _ - _ - _ - _ (Taxpayer Identification Number) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">For WSU use only:</td> <td style="padding: 2px;">NC</td> <td style="padding: 2px;">RE</td> <td style="padding: 2px;">RY</td> </tr> <tr> <td style="padding: 2px;">K1</td> <td style="padding: 2px;">AT</td> <td style="padding: 2px;">MD</td> <td style="padding: 2px;">PR</td> </tr> </table>	For WSU use only:	NC	RE	RY	K1	AT	MD	PR
For WSU use only:	NC	RE	RY						
K1	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. Cetification Instructions : See IRS W-9 instructions to complete this form at http://www.irs.gov/formspubs/index.html									

Authorized Signature_____
Title_____
Date_____
Print or Type Name
Revised 4/9/2014_____
Phone Number