

Vendor Information/ W-9 Form

Return this completed form with RFP

V Info Form: GCHP Rev: 7/14

A vendor signed W-9, vendor name, tax ID, type of business, type of purchase/payment, PO address, and requestor information are required for all new vendor set-ups.

New

Change

Vendor #:

Date:

Vendor Name:		DUNS #:	
		Federal Tax ID #: <small>(Required)</small>	
Name used by IRS <small>(if different from above)</small>		<input type="checkbox"/> TIN/EIN	<input type="checkbox"/> SSN
		<input type="checkbox"/> ITIN	<input type="checkbox"/> No SSN/TIN
B u s i n e s s	Section A - <u>W-9 required</u>		
	Company Type: <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual/Sole Proprietor (US Citizen) <input type="checkbox"/> Corporation <input type="checkbox"/> Exempt from backup <input type="checkbox"/> Partnership <input type="checkbox"/> withholding Non Profit/501(c) <input type="checkbox"/> Limited Liability <input type="checkbox"/> Entity		
Section B			
Other (please explain): <input type="checkbox"/> Foreign Nonresident Individual <input type="checkbox"/> US Agent of Foreign Person/Entity <input type="checkbox"/> Foreign Entity (other than individual)			
Type of Purchase/Payment			
<input type="checkbox"/> Goods <input type="checkbox"/> Auditor <input type="checkbox"/> Performer <input type="checkbox"/> Consultant <input type="checkbox"/> Provider of Medical Services <input type="checkbox"/> Service <input type="checkbox"/> Attorney <input type="checkbox"/> Speaker/Lecturer <input type="checkbox"/> Royalty			
Description of Services/Reason for Payment (required):			
Indicate where Services were provided:		City	State
Purchase Order			
<input type="checkbox"/> Remit to address same as PO address <input type="checkbox"/> Send 1099 to this address			
Primary Name <small>(if different from above)</small>			
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	E-mail		
Phone	Fax		
PO Dispatch (GCHP prefers e-mail)			Fax
Remit To			
<input type="checkbox"/> Send 1099 to this address			
Name <small>(if different from above)</small>			
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	E-mail		
Phone	Fax		
Business Contact (required) - Email notification of vendor set up will be sent to this contact			
Name	Phone		
Department	Fax		
E-mail to notify completed vendor set-up			
GCHP Use Only			
Payment Terms	Department ID	Agreement Owner	