



PROCUREMENT SERVICES
19 Roosevelt Highway, Ste 120
Colchester, VT 05446

Phone: (802) 656-4192
Fax: (802) 656-8684

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each person to whom the University makes payment. Please complete this form and FAX it to the Procurement office at (802) 656-8684.

We require either the individual's name/Social Security number or the company's name/Federal Employer ID number, as they appear on your income tax return.

PLEASE PRINT LEGIBLY

VF0607

COMPANY NAME			
DBA NAME			
Federal EIN OR			
Social Security #			
	Address to send QUOTE:	Address to send PURCHASE ORDER:	Address to send INVOICE PAYMENTS:
PO Box			
Street Address			
City			
State, Zip			
Website			
	NAME	PHONE NUMBER	E-mail address
Contact Person for ORDERS		()	
Contact Person for BILLING		()	
Does your company accept MasterCard? (Please circle) YES or NO			
What are your standard invoicing terms? Net ___ days / Discount percent ___% / Discount Days___ Other _____			
Business Description: (Please circle) CORPORATION or NOT-FOR-PROFIT or PARTNERSHIP or SOLE PROPRIETORSHIP			
Business Classification: (Please circle) LARGE or SMALL			
If Small Business, please circle if 51% or more of your company is owned by: WOMEN or MINORITY or DISADVANTAGED			

Certification: Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (2) I am not subject to backup withholding because I: (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).

Signature	Date
Name	Title

FEDERAL LAW REQUIRES THAT YOU PROVIDE US WITH AN ACCURATE REPLY
The IRS may impose a penalty of up to \$500 for non-compliance or for supplying false information