



# Vendor Information Sheet

Certified Historically Underutilized Business (HUB) Vendor  Yes  No Date: \_\_\_\_\_

Vendor Type (Required field) Please check one:

<u>W9 Not Required</u>	<u>W9 Required</u>	<u>W8 Form or Certificate of Foreign Status Form Required</u>
<input type="checkbox"/> Employee/Student	<input type="checkbox"/> Individuals/Sole Proprietor	<input type="checkbox"/> All Foreign Company/Individuals
<input type="checkbox"/> Refund	<input type="checkbox"/> All Corporations	
<input type="checkbox"/> Prospective Employee/Student		

Federal Id (EIN),  SSN,  UIN or  TINS: (required field) \_\_\_\_\_

Vendor Name: :( required field) \_\_\_\_\_

Remittance Address: :( required field) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

For the purchase of goods or services, all vendor applicants must provide an Email Address for Purchase Order Distribution (for individuals/students/employees, if you are just paying for a reimbursement or refund, this must be indicated in the notes section below)

Contact Name: (required): \_\_\_\_\_

Phone Number: (required): \_(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax number: \_(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Reimbursement or refund? (Required):  Yes  No

Fund Type (required):  Local  State

WTAMU personnel use\_(required)\_\_\_\_\_

Reviewed and submitted by: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_

Phone Number: (required): \_(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax number: \_(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (required): \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

When completed email this document and completed W-9 (one file) to purchasing @wtamu.edu.

This form is not a substitution for a W-9

Form Available For: New, existing, updates, changes and corrections. If you have any questions please email purchasing@wtamu.edu.