

Vendor Application Form

A completed and signed W-9 form from the vendor - Required

Please complete all of the following information:

Tax ID # (FEIN or SSN): _____

Organization Type: Corporation Individual/Sole Proprietor Joint Venture LLC

Partnership/Limited Partnership Non Profit

Name of Company/Firm (as shown on Federal Tax return): _____

Alternate name, if applicable (doing business as): _____

Mailing address: _____

City: _____ State: _____ Zip+4: _____ - _____

Contact person: _____ Business Ph#: (____) ____ - _____

Fax #: (____) ____ - _____ E-mail address _____

Company / Firm's website address: _____

Payment address (if different from address above):

_____ City: _____

State: _____ Zip+4: _____ - _____

Separate Check for each invoice: Yes or No Accept AMEX Payments: Yes or No

ACH Banking Information

Business E-mail address (for e-notifications): _____

Banking Info: Account #: _____

Routing and transit # _____

Bank Name : _____

Vendor Signature: _____ Date requested/sent: _____

Submit this form and W-9 form to accountspayable@tcsedsystem.edu with a cc to llopez@uws.edu

For Accounting Use Only:

_____ New Vendor (A completed and signed W-9 form from the vendor - ***Required***)

Vendor ID: _____ Date received by Accounting: _____

Authorized Signature: _____ Date completed: _____