



VENDOR TO COMPLETE FORM AND SUBMIT TO:

Mail: 1204 NE 201st Ave. Fairview, OR 97024

Email: procurement@rsd7.net

Vendor Information Form

TO BE USED AS W-9 FORM

NEW VENDOR

UPDATE EXISTING VENDOR

VENDOR INFORMATION

NAME (as registered with the IRS):

BUSINESS NAME/DBA (if different than above):

PARENT COMPANY NAME (if applicable):

ORDER INFORMATION

REMITTANCE INFORMATION

STREET:

STREET:

CITY:

CITY:

STATE:

ZIP:

STATE:

ZIP:

PHONE:

FAX:

PHONE:

FAX:

EMAIL:

EMAIL:

PO EMAIL:

1099 INFORMATION

TAXPAYER IDENTIFICATION NUMBER (TIN, required)

EMPLOYER IDENTIFICATION NUMBER:

OR

SOCIAL SECURITY NUMBER:

ADDRESS (STREET, CITY, ST, ZIP):

DUN & BRADSTREET NUMBER (DUNS, if applicable):

FEDERAL TAX CLASSIFICATION (check only one)

INDIVIDUAL/SOLE PROPRIETOR

C CORPORATION

S CORPORATION

PARTNERSHIP

TRUST/ESTATE

LLC – TAX CLASSIFICATION (C = C CORPORATION, S = S CORPORATION, P = PARTNERSHIP) _____

OTHER: _____

DIVERSE VENDOR

A diverse vendor is a business that is at least 51% owned and operated by an individual or group that is part of a traditionally underrepresented or underserved group.

PLEASE CHECK ONE OR MORE OF THE FOLLOWING APPLICABLE BUSINESS CATEGORIES (subject to verification):

SMALL BUSINESS

MINORITY-OWNED BUSINESS

WOMAN-OWNED BUSINESS

DISABLED PERSON-OWNED BUSINESS

VETERAN-OWNED BUSINESS

GENERAL INFORMATION

CUSTOMER ACCOUNT #:

WEBSITE:

VENDOR TERMS (must be a minimum of 30 days from date of invoice)

DAYS UNTIL PAYMENT IS DUE:

DISCOUNT:

REQUIRED INTERNAL REVENUE SERVICES STATEMENT

Under penalties of perjury, the person signing this form certifies that:

(1) The number shown on this form is the payee's correct taxpayer identification number, and (2) The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and (3) The payee is a U.S. person (including a U.S. resident alien).

PRINTED NAME:

TITLE:

SIGNATURE:

DATE: