APPLICATION FOR VENDOR STATUS

(IRS W-9 Facsimile)

COMPANY NAME: (30 characters) _

CONTACT PERSON: (20 characters) _

PHONE NUMBER: _ _ _/ _ _ _- _ _ _ _ FAX: _ _ _/ _ _ _- _ _ _ _

CORRESPONDENCE:

ADDRESS: (24 characters) _

CITY: (18 characters) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ STATE: (2 characters) _ _

ZIP + 4: (9 characters) _ _ _ _ _ - _ _ _ _
(EXTRA 4 DIGIT EXTENSION REQUIRED)

REMITTANCE:

ADDRESS: (24 characters) _

CITY: (18 characters) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ STATE: (2 characters) _ _

ZIP + 4 (9 characters) _ _ _ _ _ _ _ _ _
(EXTRA 4 DIGIT EXTENSION REQUIRED)

PLEASE CHECK APPROPRIATE BOX: □ Individual/Sole Proprietor □ Corporation □ Partnership
□ Other_____

PLEASE INDICATE THE FOLLOWING:

*Minority Vendor? □ Yes □ No Male: ____ Female: ____

Type: White: ____ Hispanic:____
African American: ____ Asian: ____
American Indian: ____ Other: _____

**If yes, certification required – (Please submit with form)*

TAX IDENTIFICATION NUMBER: _ _ - _ _ _ _ _ _ _
Federal Employer Identification Number
OR
_ _ _ - _ _ - _ _ _ _
Social Security Number

Internal Revenue Service regulations required that vendors must furnish their nine digits Taxpayer Identification Number (TIN). Purchase orders will not be issued to vendors who fail to provide a TIN.

CHECK THE FOLLOWING AS APPROPRIATE:

Business is incorporated or Federal, State or Local Governmental Entity □ Yes □ No

Supplier, Provider, Physician of medical or health care services (incl. medical, health, accident and sickness insurers) □ Yes □ No

By: _____ _____ _____
SIGNATURE PRINTED NAME* DATE

* If TIN used is Social Security Number, Printed Name must be shown on Social Security Card.

BRADFORD COUNTY BOARD OF COUNTY COMMISSIONERS USE ONLY

_____ _____ _____
Assigned Vendor Number Approved By Entered By