

University of South Alabama

Purchasing

307 University Blvd., Room AD-245
Mobile, AL 36688-0002
(251) 460-6151 Fax (251) 414-8291

Accounts Payable

307 University Blvd., Room AD-260
Mobile, AL 36688-0002
(251) 460-6191 Fax (251) 461-1518

Request for Vendor Information

Federal law requires that a valid taxpayer identification number (TIN) be obtained for each person or entity to whom the University makes a reportable payment. Complete this form and return it to the University Purchasing Department via fax or mail. Vendors are required to use the exact legal name associated with their taxpayer identification number. If you are a sole proprietorship, you may use either your social security number or your employer identification number.

Name as registered with the IRS: _____
Name as it appears on your social security card or SS-4 application

DBA (doing business as): _____
Business name, if different from individual or parent company name

Taxpayer Identification Number-Enter your TIN that corresponds to the name entered above. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

____ - ____ - ____ OR ____ - ____
Social Security Number Employer Identification Number

Type of Entity for IRS Tax Filing Purposes:

Individual/Sole Proprietor Corporation Partnership LLC Govt. Agency
 Other (please explain) _____

Are you or any of the officers/members/owners of your organization related to a USA employee? Y N

If yes, list name(s) of employee(s) _____

Are you or any of the officers/members/owners currently or previously employed by USA? Y N

If yes, list position(s) held _____

For individuals, are you a US citizen? Y N If no, list country of citizenship _____

Order From/Solicitation Address:	Remit to Address:
Street _____	Street _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-mail address: _____	Website: _____

Business Ownership: (Check the appropriate box)
 Minority-owned Female-owned Disabled Other _____

Type of products/services provided: _____

Certification: Under penalty of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been identified by IRS that I am subject to backup withholding.

Signature: _____

Date: _____

Printed Name: _____

Title: _____