

	For Foundation Use Only
Received by:	Date:
Approved by: _	Date:

Vendor Profile (Substitute W-9)

(Please type or print legibly)

Vendor Information:

Vendors that are established as an individual, self-employed, or sole proprietorship must provide either their Social Security Number or Taxpayer Identification Number. All other vendors, such as corporations or partnerships, must provide their FEIN.

FEIN :			SSN:	-	_	
Гуре of Organization:						
Individual	•		ation			
Sole Propriet	Nonpro	ofit Organ	nization			
Partnership	Govern	ment Er	ntity			
Limited Liabil	Other	Other				
Please provide the Name	e used on your Tax Re	turn				
/endor Name:						
D/B/A:						
Mailing Address:	reet address and Apar	tment number	City		State	Zip Code
	reet address and Apar	imeni namber	City		State	Zip Code
Remit to Address:	reet address and Apar	tment number	City		State	Zip Code
Contact Name:				Contact Number: _		
Email:			Fax N	Number:		
Are you an employee,	student, or retired e	mployee of the Univ	versity of	f West Georgia?		
Employee		Retired Employe	-	Not Applicable		
Explain any relationsh	ip you or any materi	al investor in your c	ompany	has to any UWG employ	yee:	
Jnder penalties of per	jury, I certify that:					
1. The number	shown on this form i	s my correct taxpay	er identi	fication number (or I am	waiting for a	number to be issued to n
the Internal F dividends, or	Revenue Service (IR	S) that I am subject fied me that I am no	to backı	empt from backup withhoup withholding as a resu subject to backup withho	It of failure to	have not been notified b report all interests or
				Signature		
				Date		
6 d						, how do you prefer to be

Return Form to: Foundation Office Attn: Brittany Christman