

	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 Organizatio	on:					
Individual		Corporation	Corporation			
Sole Propr	rietorship	Nonprofit	Nonprofit Organization Government Entity Other			
Partnershi	р	Governme				
Limited Lia	ability Corporation	Other				
Please provide the Na	ame used on your Tax Re	turn				
Vendor Name:						
D/B/A:						
viaining / tourcos	Street address and Apar	tment number	City	State	e Zip Code	
Remit to Address:	Street address and Apar	tment number	City	State	Zip Code	
Contact Name:			Contact Nu	umber:		
	ee, student, or retired e					
Employ			Not Applicabl			
Explain any relation	nship you or any materi	al investor in your com	pany has to any UWC	G employee:		
Under penalties of p	perjury, I certify that:					
1. The number	er shown on this form i	s my correct taxpayer	identification number	(or I am waiting for	a number to be iss	ued to me
 I am not su the Interna dividends, 	ubject to backup withho al Revenue Service (IR or (c) the IRS has noti S. citizen (including a L	S) that I am subject to fied me that I am no lo	backup withholding a	s a result of failure t		
			Signature			
			 Date			
If the University of Vreached?	Vest Georgia Foundati	on has questions rega	rding the information	provided on this for	m, how do you pref	fer to be

Return Form to: Foundation Office / Alumni House, Attn: Stephanie Fant **Questions?** Please contact Stephanie at 678-839-4106 or sfant@westga.edu