



# Vendor Application Form

**Please complete all of the following information, where applicable:**

**Please attach a completed IRS W-9 form.**

Substitute Form W-9	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give form to the requester. Do NOT send to the IRS.</b>
<b>Part I Taxpayer Information</b>		
IRS Reporting Name (must match IRS records – this name must match the Taxpayer Identification Number below)		Exemptions:
Business Name, if different from above. (Doing Business As)		Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien or Permanent Resident <input type="checkbox"/> Non-Resident Alien/Foreign Entity		
If Resident Alien/Permanent Resident or Non-Resident Alien/Foreign Entity: Country of citizenship _____ Country of Origin _____		
Check appropriate box(es): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Not for Profit <input type="checkbox"/> Trust <input type="checkbox"/> Partnership		
<input type="checkbox"/> Government <input type="checkbox"/> Estate		
<input type="checkbox"/> LLC If LLC, choose tax classification (required): <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor		
Address (Number, street, and apt or suite number)	Area code and phone number	Fax number
City, State, and Zip Code	Email address	Web address
<b>Part II Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). <b>However, for a resident alien see page 2 of the IRS form W-9.</b> For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on page 2 of the IRS form W-9. IRS form W-9: <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>		Taxpayer Identification Number
<b>Part IV Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding.		
<b>Certification Instructions.</b> – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest of dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest or dividends, you are not required to sign the Certification but you must provide the correct TIN.		
Sign Here	Signature _____ Print Name _____	Date _____
Any questions regarding this form, please email: <a href="mailto:accountspayable@customecology.com">accountspayable@customecology.com</a>		REVISED 07/31/2018

Who is your CEI contact person? (To ensure proper set up, please fill in)

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Vendor Contact person 1: \_\_\_\_\_

E-mail address (*for E-notifications*): \_\_\_\_\_

Business Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Vendor Contact person 2: \_\_\_\_\_

E-mail address (*for E-notifications*): \_\_\_\_\_

Business Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Vendor Contact person 3: \_\_\_\_\_

E-mail address (*for E-notifications*): \_\_\_\_\_

Business Ph#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**VENDOR PAYMENT INFORMATION**

Bank Name: \_\_\_\_\_ (required)

Banking Info: Account #: \_\_\_\_\_ (required)

Routing and transit # (Via ACH): \_\_\_\_\_ (required)

(REQUIRING PHYSICAL CHECKS WILL ADD 15 DAYS TO VENDOR TERMS)

Payment address (*if different from address above*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Business E-mail address (*for e-notifications*): \_\_\_\_\_

Requestor/Vendor's Signature: \_\_\_\_\_

**INTERNAL CEI Accounting Use Only:**

Vendor Terms: \_\_\_\_\_

Vendor Category: \_\_\_\_\_

GP Vendor ID: \_\_\_\_\_

GP Vendor Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\*Notes: