

Vendor Registration Form

Basic Vendor Information

Legal Name (name associated with EIN/SSN)	Checks Payable To (if different)

Tax ID (EIN/SSN)	
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Check the appropriate box for federal tax classification:	
<input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Government <input type="checkbox"/> Trust / Estate	<input type="checkbox"/> Limited Liability Company (LLC): Select type of LLC, if applicable. <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (Please explain):

Addresses:	Fulfillment (Physical)	Remittance (Check)
Street 1		
Street 2		
City		
State		
Zip		

Order/Payment Information

Purchase Order E-mail Address:	
Preferred Payment Method (Check only one)	
<input type="checkbox"/> SLCC Fast Pay Program (Payment by Mastercard). Net 15 Payment Terms. • Email for card payment information: _____	
<input type="checkbox"/> ACH Direct Deposit. Complete the attached ACH form. Net 30 Payment Terms	
<input type="checkbox"/> Check. Net 30 Payment Terms	

Remittance information

AR Contact Name	AR Phone Number	Remittance Email

Visit <http://i.slcc.edu/purchasing/vendor-info.aspx> for additional information, including SLCC's standard T&Cs, credit information, sales tax exemption, etc.

IRS FORM W-9 CERTIFICATION AND SIGNATURE

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), and 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, and 3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
Signature	Print Name & Title of Person Signing Form	Date



Vendor ACH Direct Deposit Authorization Form

Office Use

S- _____

Company (or individual) Legal Name (**please print**)

Salt Lake Community College and the financial institution shown on this form are authorized to deposit directly to the account noted on this form and, if necessary, adjust any SLCC deposit entries made in error. This authority will remain in effect until a new authorization form is submitted or this authorization is rescinded in writing.

Name of Financial Institution

Branch Phone Number (optional)

Bank Routing #:

Email Address (to receive notification of deposit)

Account #:

Authorizing Signature _____ Date _____

Name & Title of Authorized Signer
