

*This form NOT intended for foreign entities.

PO# if applicable:

PART I	GENERAL COMPANY INFORMATION
Name (As shown on your IRS income tax return):	
Business Name (If different from above):	
Street Address:	
City:	State: Zip:
Phone: () - ext:	Fax: () - Web Address / URL:
Contact Name:	Contact Email:
Remit Payment to: (if different from above)	
Street Address: City: State: Zip:	
Phone: () - ext: Fax: () -	
PART II	REMITTANCE INFORMATION
Do you offer customers a secure, web-based ordering system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you offer customers a secure, web-based invoice retrieval and approval system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
UW's preferred method of payment is by VISA credit card. Is this payment option acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	
■ If yes, provide name of contact person:	
■ Email address of contact person (required):	
PART III	PRODUCT / SERVICE TYPE
Type of Good or Service:	
PART IV	COMPANY DETAILS
Federal Tax ID #: Social Security #: Employer Identification #:	
WA UBI/Tax Registration #: Dunn & Bradstreet #: _____	
Do you collect Washington state retail sales tax? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited liability company. Enter the tax classification <input type="checkbox"/> *D=disregarded entity, <input type="checkbox"/> C=corporation, <input type="checkbox"/> P=partnership	
* If "D" (disregarded entity) enter the Social Security # above AND enter the owner's name in Part I, "Name" above	
<input type="checkbox"/> Affiliate <input type="checkbox"/> Non-Profit <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other (see instructions link on reverse side) _____	
Federal Tax Exempt: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", indicate the IRS Code Section:	
Citizenship of Principal: <input type="checkbox"/> USA <input type="checkbox"/> Permanent Resident <input type="checkbox"/> *Non-Resident Alien <input type="checkbox"/> *US entity solely owned by foreign entity	
For appropriate tax reporting, check all that may apply: <input type="checkbox"/> Rental <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Healthcare <input type="checkbox"/> Legal Services <input type="checkbox"/> Other Services: _____	
PART V	CERTIFICATIONS (Check all that apply; otherwise, leave blank)
WA Office of Minority & Women's Business Enterprises (OMWBE)	
<input type="checkbox"/> MBE (minority-owned) <input type="checkbox"/> MWBE (minority & woman owned)	
<input type="checkbox"/> WBE (woman-owned) <input type="checkbox"/> CBE combined minority & woman-owned	
US Small Business Administration (SBA)	
<input type="checkbox"/> SDB (small disadvantaged) <input type="checkbox"/> 8 (a) certified	
<input type="checkbox"/> HubZone (HubZ) <input type="checkbox"/> Small (self-certify)	
<input type="checkbox"/> Woman (self certify) <input type="checkbox"/> Service-Disabled Veteran (self-certify)	
<input type="checkbox"/> Veteran (self-certify)	
Northwest Minority Supplier Development Council or National Minority Supplier Development Council (NMSDC)	
<input type="checkbox"/> MBE (minority-owned)	
Women's Business Enterprise National Council (WBENC)	
<input type="checkbox"/> WBE (woman-owned)	

PART VI	SIGNATURE (Required)
Strike out any language that does not apply.	
CERTIFICATION: Under penalties of perjury, I certify that 1) the number shown on this form is my correct T.I.N. 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 IRS that I am subject to backup withholding due to failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a US person (including a US resident alien).	
Signature: _____	Date: _____

Need Help Completing this Form?

The [Supplier Registration Form Instruction Page](#) provides more info & instruction.

Click on link above or type the following into your browser:

<http://f2.washington.edu/fm/ps/how-to-pay/department-responsibilities/supplier-registration/instructions>

***Foreign Entities: DO NOT complete this form. Complete an IRS W-8BEN Form located online at:**

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> & return/send it directly to the requester.

No Special Status: Submission of this form does not confer any "special" status on an individual / company by the UW. Submission of this form is not a contract, nor is it a promise of a contract between the UW and any party.

Where to Send Completed Form?

SELF-SUBMISSION

If you are self-submitting, submit to address below.

Attn: Procurement Services; Box 351130
3917 University Way NE
Seattle, WA 98105
Phone: (206) 543-4500
Fax: (206) 685-8018
Email: vcontrol@uw.edu

REPLY TO REQUEST

If you are replying to a request, return directly to the requester or to the designee below.

Name:
Address:
City, State, Zip:
Phone: () -
Fax: () -
Email:

NOTE: Do not submit Social Security Number via email; submit via Fax or US Mail.

Central Office Use Only	
Buyer Name: _____	Date: _____
Did Supplier accept VISA credit card payment option?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no- Was supplier contacted re appropriate remittance information?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Inform ePayables Admin?	<input type="checkbox"/> YES <input type="checkbox"/> NO