



## VENDOR INFORMATION FORM

### COMPANY INFORMATION

Name of company as shown on W-9: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### BILLING INFORMATION (Remit to address if different from the above address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Tax ID Information (Must be completed and returned with your signed W-9 Form)

Request for Taxpayer Identification and Certification (W-9) number: \_\_\_\_\_

#### Check one if LLC:

Type D - Disregarded entity

Type C – Corporation

Type P – Partnership

#### Check one if not LLC:

Individual / Sole Proprietor

Corporation

Partnership

### CERTIFICATION INFORMATION (Please select the appropriate certifications and include a copy with this form)

#### LOCAL & SMALL BUSINESS CERTIFICATION

Select and provide Certification number (s):

District of Columbia \_\_\_\_\_

Fairfax County \_\_\_\_\_

Montgomery County \_\_\_\_\_

Prince George’s County \_\_\_\_\_

Loudon County \_\_\_\_\_

#### MINORITY BUSINESS CERTIFICATION

Certification number: \_\_\_\_\_

Minority Business Enterprise

GSA

Federally Funded

Enterprise Zone

Local Business Enterprise

Small Business Enterprise

Women Business Enterprise

Disadvantaged Business Enterprise

Open Market

Open Market with Preferred Points for Certified Local

and Small Business Enterprises