

RETURN TO: Purchasing & Contract Administration $2222\ \mathrm{N}$ Alamo St

2222 N Alamo St San Antonio, Texas 78215 **Phone:** 210-485-0100

email: dst-alamovendor@alamo.edu

VENDOR APPLICATION

COMPANY NAME								
STREET/P.O.BOX								
CITY	STATE	ZIP						
PHONE (F.	λX ()	TOLL-FREE (_)					
REMITTANCE ADDRESS & PHONE, if app	licable							
EMAIL ADDRESS								
Please check all appropriate boxes in ea								
1. Commodities Manufacturer Wh		onstruction Individual	Publisher 🗌 Non-Profit 🗌					
Governmental Agency								
2. Is your business currently certified as a			. , , ,					
If so, is your business currently SMWVBE certified? Yes No Please attach a copy of your current certification.								
	If Minority-Owned Business, please state: Black							
•								
5. Did you remember to attached your firm	<u>_</u>	opilcable? Yes 📋 No 📋						
6. Do you accept purchase orders? Yes								
7. Have you submitted a W-9 form? Yes		mit with your application.						
8. Are you related to an ACCD employee?	Yes No							
If Yes, state employee name and relation	nship:							
List the Commodity Code Numbers for the pplease attach a separate sheet. Commodity								
Class	Commodity Numbers	Description	n (be specific)					
Vendor's Signature:								
FOR INTERNAL USE ONLY:								
Campus Contact	Phone	e No	Date					
FOR ACQUISITIONS USE ONLY:								
VENDOR ID:		DATE ENTERED						
COMMODITY CODES:								



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

intornari	Overlad Colvido				
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
page 2.	2 Business name/disregarded entity name, if different from above				
pe ons on pa	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)			
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner. Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box is the tax classification of the single-member owner.	Exemption from FATCA reporting code (if any)			
in Sign	Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)			
Pecific	5 Address (number, street, and apt. or suite no.)	Requester's name	e and address (optional)		
Print or type See Specific Instructions on	6 City, state, and ZIP code				
	7 List account number(s) here (optional)				
Part	Taxpayer Identification Number (TIN)				
backup resider entities	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avertheld withholding. For individuals, this is generally your social security number (SSN). However, to alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For othe it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	for a r	ecurity number		
TIN on	<u> </u>	or			
	the account is in more than one name, see the instructions for line 1 and the chart on page es on whose number to enter.	e 4 for Employe	er identification number		
Part	Certification				
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	r a number to be i	issued to me); and		
Sen	not subject to backup withholding because: (a) I am exempt from backup withholding, or (lice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and				
3. I am	a U.S. citizen or other U.S. person (defined below); and				
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is correct.			
becaus interes genera instruc	ation instructions. You must cross out item 2 above if you have been notified by the IRS to you have failed to report all interest and dividends on your tax return. For real estate transpaid, acquisition or abandonment of secured property, cancellation of debt, contributions by, payments other than interest and dividends, you are not required to sign the certification ions on page 3.	sactions, item 2 de to an individual re	oes not apply. For mortgage etirement arrangement (IRA), and		
Sign Here	Signature of U.S. person ▶ D	ate ►			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ACCOUNTS PAYABLE DEPT.
2222 N. Alamo St.
SAN ANTONIO, TX 78215
dst-accountspayable@alamo.edu



				Accounts Pa	ayable Department
Direct D	eposit Authorizatio	on Form (Vendor /	Employe	e)	
Section I-Ple	ease Print				
Vendor/ Emp	oloyee Name:				
Vendor/ Emp	oloyee 9- Digit Banner ID:				
Vendor/ Emp	ployee Address:				
City, State, Z	ip:				
Email Addres	55:				
Section II-	Your Name 1234 Oak Anytown, USA PAY TO THE ORDER OF YOUR Bank ACH R/T 123456789 FOR	, vo'	20	1001 19-27/1350 DOLLARS	e required
	ABA Check Routing Number	Account Number	Check Number	ACH Routing/Transit Number 123456789	
	Attachments VOIDED CHECK OF	R LETTER ON BAN	K LETTER	HEAD VERIFYING	ACCOUNT.
Section IV-	Certification & Authoriz	ation			
in payment for	aimer: submitting this document the ve invoices/ services tendered to the direct the financial institutions to	ne District. If the vendor/ emp			
	cion is to remain in full force until change. It is understood that all	-		· · · · · · · · · · · · · · · · · · ·	•

By signing this document, I fully acknowledge Federal Reserve Electronic Transfer Services will be used to transmit deposits. It is understood a deposit is not guaranteed until the actual funds are received by my financial institution. Direct deposits will begin after satisfying the pre-notification of the financial institution account number as required by NACHA. This usually occurs within a couple of weeks of the date this form is received in the Accounts Payable office of Alamo Colleges District.

vendor/ Employee Name:	Date:	
Authorizing Signature:		
Signar's Drintad Nama	Cignar's Drinted Title.	
Signer's Printed Name:	Signer's Printed Title:	