



VENDOR APPLICATION

COMPANY NAME _____

STREET/P.O.BOX _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ TOLL-FREE (____) _____

REMITTANCE ADDRESS & PHONE, if applicable _____

EMAIL ADDRESS _____ WEB-SITE _____

Please check all appropriate boxes in each line:

- 1. Dealer [] Manufacturer [] Wholesaler [] Retailer [] Factory Rep [] Individual [] Publisher [] Non-Profit [] Governmental Agency [] Educational Institution [] Consultant [] Performer []
2. Is your business currently certified as a Small, Minority, Women or Veteran-Owned Business Enterprise (SMWVBE)? Yes [] No []
3. If Minority-Owned Business, please state: Black [] Hispanic [] Native American [] Asian American [] Women-Owned []
4. If currently certified, please state: Small Business [] Veteran Business []
5. Do you currently owe State of Texas franchise taxes? Yes [] No []
6. Do you accept purchase orders? Yes [] No []
7. Have you submitted a W-9 form? Yes [] No [] If NO, please submit with your application.
8. Are you related to an ACCD employee? Yes [] No []
If Yes, state employee name and relationship: _____

List the Commodity Code Numbers for the products and/or services provided by vendor (please be specific). If additional space is needed, please attach a separate sheet. Commodity Code Numbers can be found at https://comptroller.texas.gov/purchasing/nigp/

Table with 3 columns: Class, Commodity Numbers, Description (be specific)

Vendor's Signature: _____

FOR INTERNAL USE ONLY: Campus Contact _____ Phone 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.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II 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 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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must 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. For real estate transactions, 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 and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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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.



Direct Deposit Authorization Form (Vendor / Employee)

Section I- Please Print

Vendor/ Employee Name: _____

Vendor/ Employee Address: _____

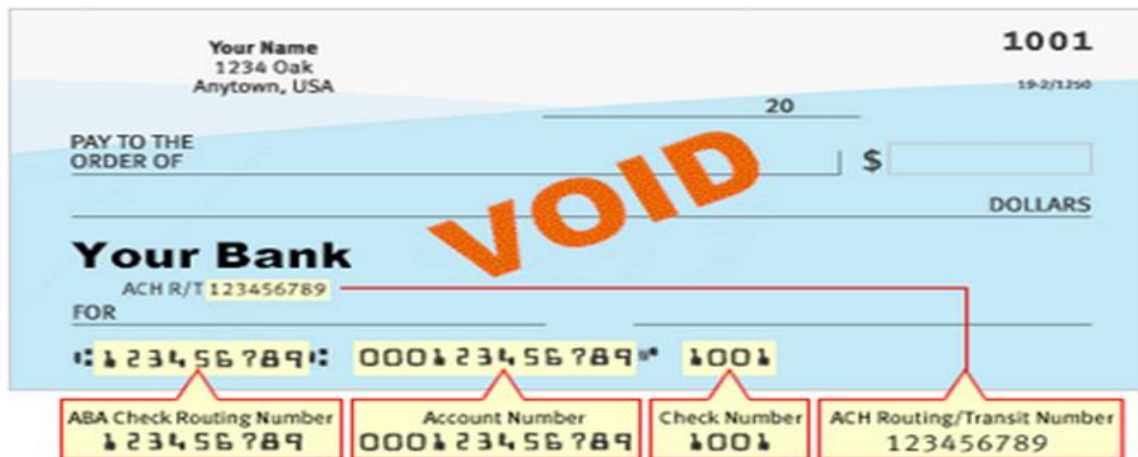
City, State, Zip: _____

Contact: _____

Email Address: _____

Telephone Number: _____

Section II- Checking or Savings



Section III- Attachments

STAPLE VOIDED CHECK, DEPOSIT SLIP OR LETTER ON BANK LETTERHEAD OF YOUR ACCOUNT.

Section IV- Certification & Authorization

Depositor's Disclaimer:

By signing and submitting this document the vendor authorizes Alamo Colleges to electronically deposit funds to the specified bank account in payment for invoices/ services tendered to the District. If the vendor/ employee are not entitled to funds deposited to the account, AC is further authorized to direct the financial institutions to reclaim those funds.

This authorization is to remain in full force until Alamo Colleges has received written notification of the vendor/ employee's desire for termination or change. It is understood that all future payments will be via direct deposit and checks will not be written while this authorization is in effect.

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.**

Vendor/ Employee Name: _____ Date: _____

Authorizing Signature: _____

Signer's Printed Name: _____ Signer's Printed Title: _____