



BRANDEIS UNIVERSITY

W-9 / VENDOR CERTIFICATION FORM

REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

Procurement Services, 415 South St. MS 048 Waltham, MA 02453 (781) 736-4500; Fax (781) 736-4503

GENERAL INFORMATION

LEGAL NAME

IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS"

SHOULD CHECKS BE MADE PAYABLE TO (please check one): DBA NAME OR LEGAL NAME

TAXPAYER IDENTIFICATION NUMBER

PLEASE ENTER YOUR TIN IN THE APPROPRIATE BOX. (FOR INDIVIDUALS, THIS IS YOUR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

Grid for Social Security Number and Employer Identification Number: [][][] - [][] - [][][][][] OR [][] - [][][][][][][][][]

DUNS NUMBER: [][][][][][][][][][]

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 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 US person (including a US resident alien).
4. I have not been debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

Signature: _____

Date: _____

Print Name: _____

Title: _____

PLEASE CHECK APPROPRIATE BOX:

- INDIVIDUAL/SOLE PROPRIETOR CORPORATION
 PARTNERSHIP OTHER _____

BRANDEIS UNIVERSITY PAYMENT TERMS ARE NET 30, PLEASE LIST IF YOU OFFER DISCOUNT TERMS

DISCOUNT PAYMENT TERMS: _____

ADDRESS

ORDER FROM

REMIT TO

CITY STATE ZIPCODE

CITY STATE ZIPCODE

PHONE # () _____

FAX # () _____

EMAIL WHERE PURCHASE ORDERS SHOULD BE SENT _____

SPECIAL CLASSIFICATION

PLEASE CHECK APPROPRIATE BOX(ES), IF APPLICABLE

- MINORITY OWNED SMALL BUSINESS WOMAN OWNED