

**WHATCOM COUNTY
ADMINISTRATIVE SERVICES DEPARTMENT
VENDOR NUMBER REQUEST**

This form is to be completed by a County or District employee - do not ask the vendor to complete the form.

SUPPLIER # _____

SUPPLIER NAME (LINE 1 ON W9 FORM) _____

D/B/A NAME (LINE 2 ON W9 FORM) _____

REMITTANCE ADDRESS _____
(Street)

(City) (State) (Zip Code)

ENTITY TYPE _____
[INDIVIDUAL, PARTNERSHIP, S-CORP, C-CORP, LLC-INDIVIDUAL, LLC-PARTNERSHIP, LLC-S CORP, LLC-C CORP, OTHER (NOTE DETAILS IF OTHER)]

EMPLOYER ID# ___ - ___ - ___ - ___ - ___ **or** **SOCIAL SECURITY#** ___ - ___ - ___ - ___ - ___

PHONE _____ **FAX** _____

SUPPLIER CONTACT _____
(Name) (Title)

NON SUPPLIER CLASSIFICATIONS ___JUROR___WITNESS___REIMBURSEMENT

*A vendor will be placed on hold until a W-9 form is received. We are required to keep these forms on file for the following:
Individuals, Partnerships, Attorneys and Medical Corporations*



DATE _____

REQUESTED BY _____

DEPARTMENT/DISTRICT _____ **PHONE** _____

PLEASE NOTE: Administrative Services/Purchasing must receive a completed form W-9 prior to removing a vendor hold. This means that no claims can be entered until a completed form W-9 has been received. **ALL INFORMATION ON THIS FORM MUST BE COMPLETED BEFORE A NUMBER WILL BE ISSUED.**

QUESTIONS? Please contact Sara Winger at (360) 778-5330. Forms may be emailed to FN_Purchasing@co.whatcom.wa.us, or faxed to (360) 778-5321.