

**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.

NEW VENDOR

UPDATE TO EXISTING VENDOR

VENDOR # _____

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 (Cost Center _____)

*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.
Please email completed form to FN_Purchasing@co.whatcom.wa.us.