

## 950 Main St. Worcester, MA 01610

Substitute W-9/Vendor Information Form

Return completed form to Clark departmental contact. **Do not scan/email forms containing Social Security Numbers.**Type or print clearly -illegible documents will not be accepted. This form is required for any vendor to receive payment.

(1) General and Tax Information							
				DBA:			
Website:					Exempt from backup withholding		
Employer Identification Number (EIN): - or Social Security Number (SSN)							
(2) Entity Type (Select one of the following):							
☐ Individual	Individual C' Corporation		☐ 'S' Corporation		Partnership	☐ Trust/Estate	
☐ Government		.C -'C' Corporation	LLC - 'S' Corporati	ion [	LLC - Partnership	☐ Other	
(3) Address Inforn	nation	Payment Address			Purchase Order Address		
Address Line 1		(If different than payment address)			than payment address)		
Address Line 2							
City, State, Zip							
Contact Name							
Phone number							
Email Address							
Fax Number							
If applicable, a 1099 will be sent to your payment address. If it should be sent to a separate address, provide the address below:							
(4) Business Purpose							
Briefly describe goods/services to be provided:  Services Merchandise Other							
(5) General Terms for Doing Business with Clark University							
<ul> <li>All credit purchases originating from Clark University must either be accompanied by a purchase order or paid with a valid Clark University procurement card (VISA card). Any purchase made without the issuance of an approved University purchase order or valid University procurement card shall be considered an unauthorized, non-binding purchase.</li> <li>Unless alternate arrangements are made, all Clark purchase orders will be issued electronically (email or fax).</li> <li>Clark's purchase order number must be included on all invoices.</li> <li>Payment terms are considered to be Net 30 unless otherwise negotiated. Vendors are encouraged to provide cash discount terms on their invoices.</li> <li>Completing this vendor information form is not a guarantee of future business or solicitation.</li> </ul>							
(6) IRS Certification							
Under penalties of perjury, I certify that (cross out any that do not apply):							
The number shown on this form is my correct taxpayer identification number.							
<ul> <li>I am not subject to backup withholding.</li> <li>I am a U.S. person (including a U.S. resident alien)</li> </ul>							
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.							
Name: Signature:							
Title: Date:							
Date.							
Clark Departmental Information (to be completed by department requesting this form)							
Department Name:				Department Contact:			
Phone Number:				Department Fax:			