GUILFORD TECHNICAL COMMUNITY COLLEGE
VENDOR REGISTRATION FORM

Please return completed form to: Guilford Technical Community College
Attention: Purchasing Department
PO Box 309 - Jamestown, NC 27282

Federal I.D. Number (9 Digits) __ __- __ __ __ __ __ __ __ OR Social Security Number __ __ __-__ __-__ __ __ __

(May be Social Security Number if Sole Proprietor)

Name (as reported on your tax return) _____

Business name (if different) _____

Remittance Address _____

_____

Mailing Address _____

_____

Telephone Number (__ __ __) __ __ __-__ __ __ __ Fax Number (__ __ __) __ __ __-__ __ __ __

Business Type (PLEASE CHECK ONE):

_____ Sole Proprietor _____Corporation _____Partnership _____Other_____

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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. person (including a U.S. resident alien).

Signature of U.S. person _____

Print Name: _____ Title: _____ Date: _____

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Please check **all** that apply:

_____ African American/Black
_____ Asian American
_____ Hispanic/Latino American
_____ American Indian
_____ Woman-Owned
_____ Unwilling to Disclose

_____ Disabled-Owned
_____ Disabled Business Enterprise
_____ Non-Profit Work Center for Blind and Severely Disabled
_____ Other Minority _____

STATEMENT OF PURPOSE: The information on this form is being gathered to determine the status of an individual or business for income tax withholding and/or tax reporting.