

Amarillo College
 PO Box 447
 Amarillo, TX
 79178-0001



Vendor Authorization/Change Form

A vendor signed W-9/W-8 BEN, vendor name, tax ID, type of business, type of purchase/payment, PO address, and requestor information are **REQUIRED** for all new vendor set-ups as well as a Conflict of Interest form.

New

Change

Vendor #

Date:

Vendor Name:		Federal Tax ID #	
Name Used by IRS <small>(if different from above)</small>		<input type="checkbox"/> TIN/EIN	<input type="checkbox"/> SSN
		<input type="checkbox"/> ITIN	<input type="checkbox"/> No SSN/TIN
T B U S I N E S S	Section A - W-9 (& CIQ if applicable)		
	<input type="checkbox"/> Corporation C or S _____ <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual/Sole Proprietor (US Citizen) <input type="checkbox"/> Partnership <input type="checkbox"/> Exempt from backup withholding <input type="checkbox"/> Other (please explain): _____ <input type="checkbox"/> Non-Profit/501©Entity <input type="checkbox"/> Exempt payee code _____ <input type="checkbox"/> Limited Liability Company. Enter the tax classification (C = corporation, S = S corporation, P = partnership) _____		
	Section B - W-8 BEN Required		
	<input type="checkbox"/> Foreign Nonresident Individual <input type="checkbox"/> US Agent of Foreign Person/Entity <input type="checkbox"/> Foreign Entity (other than individual)		
Type of Purchase/Payment			
<input type="checkbox"/> Provider of Medical Services <input type="checkbox"/> Goods <input type="checkbox"/> Performer <input type="checkbox"/> Attorney <input type="checkbox"/> Royalty <input type="checkbox"/> Speaker/ Lecturer <input type="checkbox"/> Services <input type="checkbox"/> Consultant <input type="checkbox"/> Auditor			
Description of Services/ Reason for payment (required):			
PURCHASE ORDER		<input type="checkbox"/> Remit to address same as PO address	<input type="checkbox"/> Send 1099 to this address
Primary Name (if different than above)			
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	Email		
Phone	Fax		
PO DISPATCH	Email	Fax	
REMIT TO		<input type="checkbox"/> Send 1099 to this address	
Name (if different than above)			
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	Email		
Phone	Fax		
College Contact (required) -Email notification of vendor set up will be sent to this contact			
Name	Phone		
Department	Fax		
Email to notify complete vendor setup			
Email form to Purchasing-department@actx.edu			