



Please return the completed form by fax or mail to:
 Fax to: 678-839-6391
 Email to: vendor@westga.edu
 Mail to: University of West Georgia
 Office of the Controller
 Carrollton Georgia 30118



Vendor Profile (Attach W-9 for all New Vendors)

Vendor Name: _____

(If individual, enter last name first)

Taxpayer Identification Number

Federal ID Number	OR	Social Security Number
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Mailing Address

Payment/Remit Address

Address line 1: _____

Address line 1: _____

Address line 2: _____

Address line 2: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Ext. _____

Phone: _____ Ext. _____

Fax: _____

Fax: _____

Contact Name: _____

Contact Name: _____

Email: _____

Email: _____

Type of Organization:

- Individual Recipient (not owning a business) Sole Proprietorship Partnership
- Corporation Nonprofit Organization Government Entity Other: _____
- Exempt from backup withholding (Refer to Form W-9 for instructions or questions)

Information below is not required for those classified above as "Individual Recipient" (not owning a business)

Business Classification:

- Large Business
- Small Business (a small business is defined as one with fewer than 100 employees or less than \$1million in gross receipts per year)
- Minority – owned (please select appropriate sub-category below)
 - African American Asian American Native American Pacific Islander Hispanic
- Woman- owned
- Other

Gender:

- Male Female

Relationship:

Are you an employee, student employee, or retired employee of UWG? Yes No

Explain any relationship you or any material investor in your company has to any UWG employee:

Standard Payment Terms: _____

I certify that the information I have provided on this form is correct.

Signed: _____ Date: _____