

COLUMBUS STATE

COMMUNITY COLLEGE

Non-Affiliated Vendor Registration

Completion of this form ensures that your payment will be sent to the correct person/business & address.

Name (as shown on your income tax return)

Business Name if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor Corporation Other

Address (number, street, and apt or suite no.):

City

State

Zip

Phone

Fax

E-Mail

Taxpayer Identification Number (TIN)

Social Security Number

OR Employer identification number

Under penalties of perjury, I certify that: The number shown on this form is my correct tax payer identification number. I have not been notified by the Internal Revenue Service that I am subject to back withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. I am a U. S. person (including a U.S. resident alien).

Sign Here signature of U.S. Person

Date

Please return this form or any future changes to the above information to Columbus State Community college, Procurement,
purchasing@csc.edu or fax 614-287-2545