

# Rock Valley College

## Vendor Registration Form & Substitute W-9

Completion of this form ensures that your company will be registered with the College.  
It does not guarantee that your company will be contacted for purchases needing a quote or bid.

Name (as shown on your income tax return): \_\_\_\_\_

Business Name, if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

Check appropriate box:  Individual/Sole Proprietor  Corporation  Partnership  Limited Liability Company.

Enter the tax classification (d = disregarded entity, c = corporation, p = partnership) \_\_\_\_ **Exempt from backup withholding:**

Federal Tax ID No. \_\_\_\_\_ OR Social Security No. \_\_\_\_\_

**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 backup 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 \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Mailing Address (Correspondence & Purchase Orders): \_\_\_\_\_  
\_\_\_\_\_

Remittance Address (Payment of Invoices): \_\_\_\_\_  
\_\_\_\_\_

Payment Information:  ACH – (Automated Clearing House) electronic funds transfer is the preferred method of payment to expedite the distribution of funds to the vendor.

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking Account  Savings Account

Email Notification: \_\_\_\_\_

Please mail check.

**For individuals that live in the State of Illinois, please check this box if you are a SURS Annuitant:**

Products/Services that your Company sells \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Contacts:

	Name	Title/Position	Phone	Email
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____