



Delta College

BUSINESS SERVICES / PURCHASING

1961 Delta Road, B-116, University Center, MI 48710

Phone (989) 686-9230; Fax (989) 667-2201

www.delta.edu/busoff

VENDOR REGISTRATION FORM

Vendor Information

Business Name: _____

Physical Address: _____
Number and Street Suite/Apt.# City State Zip Code

Mailing Address: _____
P.O. Box # OR Number and Street Suite/Apt.# City State Zip Code

Remittance Address: _____
P.O. Box # OR Number and Street Suite/Apt.# City State Zip Code

Phone #:(_____) Fax #: (_____)

Toll-Free Phone #:(_____) Website: _____

Federal Tax ID # OR Social Security # (Must match what is reported on W-9): _____

Point-of-Contact Information

Name: _____ Title: _____

Phone #:(_____) Fax #:(_____)

Email Address: _____

Type of Business / Service

Primary Business or Service (keyword/s): _____

Keywords for business / service provided: _____

Is online ordering available via your business website? _____ Yes _____ No

Do you accept Purchase Orders? _____ Yes _____ No

Is a hard copy purchase order required? _____ Yes _____ No

Do you accept a verbal purchase order number via phone? _____ Yes _____ No

Documents to Return

You may send your completed vendor registration form and substitute Form W-9 to the College's Purchasing Department via facsimile or US postal mail. The mailing address and fax number can be found at the top of the page.

DELTA COLLEGE Substitute Form W-9

Request for Taxpayer Identification Number and Certification

Section 1: General Information

Name (as shown on your income tax return)	
Business name, if different from above	
Address (number, street and apt, or suite #)	
City, State, Zip	
Remittance Address (if different from above):	
City, State, Zip	
Phone	
Email	

Section 2: Ownership Status (select only one):

1. Individual (using a social security number for the taxpayer ID)
2. Sole proprietorship (using a social security number for the taxpayer ID)
3. Sole proprietorship (using a federal employer identification number for taxpayer ID)
4. Partnership
5. Corporation
6. Association, club, religious, charitable, educational or other non-profit organization (for entities that are exempt from federal tax, use category 7 below)
7. Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

Section 3: Taxpayer Identification Number

Fill in your taxpayer identification number below. Please complete only one.

If you selected numbers 1 or 2 above, fill in your social security number.	
If you selected numbers 3, 4, 5, 6 or 7 above, fill in your Federal Employer Identification Number (EIN).	

Section 4: Sign and Date the Form

Certification: This form is being used as a substitute W-9. Under penalty 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).
- (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.
- (3) I am a U.S. citizen (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature:		Date:	
Title (if applicable):			

Send completed form to:

Delta College Business Office, 1961 Delta Road, B-116, University Center, MI 48710
Phone: (989) 686-9231 / Fax: (989) 667-2201