



University of Wisconsin Supplier Information

Required sections must be completed or the form will not be processed.
Incomplete forms will be returned. All sections required unless otherwise noted.

Section 1: New Supplier Information

New supplier/business: Must attach signed IRS Form W-9 or W-8

Legal Business or Individual Name (Must match attached W-9/W-8):

Business Name, Trade Name, Doing Business As (if different from above):

Section 2: Taxpayer Identification Information (only provide one)

Federal Employer Identification Number:

Example 00-0000000

Social Security Number:

Example 000-00-0000

Section 3: Remit To Address

Address:

County:

City:

State:

Zip Code+4:

Section 4 (OPTIONAL): Additional Address (if more than 2 addresses, i.e., 1099 address)

Address:

County:

City:

State:

Zip Code+4:

Section 5: Contact Person

Name:

Email:

Phone:

Fax:

Additional Contact Person:

Name:

Email:

Phone:

Fax:

Section 6: Bank Information for ACH Payment

Bank verification must be attached

Bank Name:

Checking

or Savings

Account Number:

Account number must match attached bank verification

Routing Number:

Routing number must match attached bank verification

Payment Notification Email:

Section 7: Read the Agreement, sign & date

The University shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. *Only Authorized individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization. Fraudulent conveyances are punishable offenses.*

Name:

Title:

Authorized Signature: _____

Date:

Contact Email:

Contact Phone:

Section 8: Comments (OPTIONAL)