

The Texas A&M University System Health Science Center
Vendor Setup Information Form

Vendor Type (Please check one)

W-9 Required:

Sole Proprietor _____
Partnership _____
Corporation _____

W-9 Not Required:

Student _____
Employee _____
Patient Refund _____
Prospective Employee _____

W-8BEN Required:

Foreign Corp. _____
Foreign Individual _____

Federal ID# (SS# for People) _____

Vendor Name _____

Remittance Address _____

Phone Number _____

Funds to Be Used

State _____
Local _____
Both _____

Comments: _____

Requested by:

Name _____
Phone # _____
E-mail Address _____
Department _____
Date _____

E-mail the completed form to vendorsetups@tamhsc.edu or drop into Laserfiche folder TAMHSC\9.0 In-Boxes\W-9 Request Forms- Vendor Set ups.

If W-9 or W-8BEN is required, go to <http://www.tamhsc.edu/departments/finance-admin/forms/fw9.pdf> and have the vendor complete the form and send it to you. Then you can send both the Vendor Setup Information Form and the completed W-9 or W-8BEN to vendorsetups@tamhsc.edu or drop into Laserfiche folder TAMHSC\9.0 In-Boxes\W-9 Request Forms- Vendor Set ups.