

Port Gamble S'Klallam Tribe

New Vendor Set Up/or TIN Number Request

<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Exempt - Fisheries/Court Payments <input type="checkbox"/> Exempt - TANF, Respite Care, Foster Parent or Child Support	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other - 501C _____ <input type="checkbox"/> Exempt from backup withholding
Social Security Number _____ - _____ - _____	TIN _____ - _____

Vendor Classification - Type of Supplies/Services are Provided			
<input type="checkbox"/> Employee Travel, Reimbursement	<input type="checkbox"/> Vendor Business	<input type="checkbox"/> Exempt Fisheries, TANF, Court	<input type="checkbox"/> Other
Subcontract or Taxable Services? <input type="checkbox"/> Individual/Committee <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Small Business <input type="checkbox"/> Attorney			

Name (Individual): _____	
Business Name: (If Applicable) _____	
Address: (Remittance) _____	
(If 1099 Misc. is mailed to different address, please specify. _____)	
Contact Person: _____	
Telephone No.: _____	Fax No.: _____
Email or Web Address: _____	Signature of Individual/Vendor

***** FOR ACCOUNTING USE ONLY *****			
Payment Terms: _____	Minimum Order/Credit Limit: _____		
Will This be a recurring Vendor?	YES	NO	
Independent Contract Complete & Signed?	YES	NO	
Does a Tax Exempt Form need to be sent to this vendor?	YES	NO	
Does Tribes Credit Application need to be sent to this vendor?	YES	NO	

Vendor Class ID:	<input type="checkbox"/> PO <input type="checkbox"/> Check <input type="checkbox"/> Travel	<input type="checkbox"/> 1099-3 <input type="checkbox"/> 1099-6 <input type="checkbox"/> 1099-7	<input type="checkbox"/> 1099-14 <input type="checkbox"/> Exempt See Exempt Above
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Vendor Number Set Up:	
# Starts with 1st 3 Letters of First Name/Last 4 Letters of Last Name)	
*The employee set up may have other history prior to 04/30/06	
Employees: _____	0 0 0 1
Vendors: _____	0 0 0 2
Exempt: _____	0 0 0 3
Individuals/Committees _____	1099-3
Medical/Dental Subcontracts _____	1099-6
Small Businesses _____	1099-7
Attorney _____	1099-14

*The Tribe will be subject to a \$50.00 fine if you do not complete W-9 Info & vendor may be subject to Back-Up W/H
Certified By (Employee, Director or HR) _____

Verification of Posting:
Reviewed By: _____
Posted By: _____
Received _____