



Cowlitz County

Supplier Application/Change Form

ALL FIELDS IN RED ARE REQUIRED

INSTRUCTIONS:

In accordance with Internal Revenue Service and State of Washington regulations, we are required to obtain the following information for all businesses and individuals to whom we process payments.

* The supplier application/change form is a substitution to the Dept of the Treasury Internal Revenue Service W9 form

* Fill out all the information that applies to you/your business

* For additional information please visit the [Cowlitz County Purchasing website](#) or call 360-577-3030

* Submit the completed form to the requesting department

 NEW SUPPLIER REQUEST

 UPDATE EXISTING SUPPLIER

SUPPLIER INFORMATION

1	IDENTIFICATION NUMBER			1099 REPORTABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
	SOCIAL SECURITY NUMBER	EMPLOYER ID NUMBER	UNIFIED BUSINESS IDENTIFIER	1099 MAILING ADDRESS (If Applicable) <input type="checkbox"/> Check if same as Remit address	
	NAME (As Registered with the IRS)			PARENT COMPANY NAME (If Applicable)	
	BUSINESS NAME (If Different than Name Above)			COUNTRY (If not U.S.A.)	
	REMITTANCE/PAYMENT ADDRESS (As indicated on billing invoices)			CITY, STATE and POSTAL	
	MAILING ADDRESS <input type="checkbox"/> Check if same as Remit address			CITY, STATE and POSTAL	
	PHONE NUMBER	FAX NUMBER	EMAIL		
	CONTACT PERSON (Order & Remit)			WEBSITE	
	FEDERAL TAX CLASSIFICATION			IDENTIFICATION	

FEDERAL SUPPLIER CERTIFICATION

2 CHECK ALL THAT APPLY

WOMAN-OWNED BUSINESS
 EMERGING SMALL BUSINESS
 VETERAN-OWNED BUSINESS
 SERVICE-DISABLED VETERAN

PAYMENT INFORMATION

3	DEPOSIT INSTITUTION (Electronic Funds Transfer Only)	PAYMENT TENDER	
	BANK ROUTING NUMBER (Electronic Funds Transfer Only)	<input type="checkbox"/> WARRANT (County Check)	<input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT)
	NAME ON ACCOUNT	BANK ACCOUNT NUMBER (Electronic Funds Transfer Only)	
	ACCOUNT TYPE (Electronic Funds Transfer Only)	EMAIL (For Electronic Payment Notification/Advice)	
	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	

CERTIFICATION

4 I certify Under penalties of perjury of the laws of the State of Washington that the following statements are true and correct:
 (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), and (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, and (3) I am a U.S. citizen or other person (defined in the instructions).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE	DATE
PRINT NAME	TITLE

Internal Use Only **Special Districts** Please send this form to cowlitz.purchasing@cowlitzwa.gov

Requesting Dept/Dist.	ACH Verified	Payroll Vendor	Employee
Dept. Manager	Date		

revised 6.27.2024

SAVE FORM **CLEAR FORM**