

UNIVERSITY OF DELAWARE

Request for Foreign Vendor Information (W9-F)

lease comple	ete the following in	formation abo	ut your compar	ny/business to avoid	a delay in pa	yment processing.
NSTRUCTION	S: Please check the section be		ur status. Ther	use the correct set	of Row Head	ings for your status to fill in
STATUS (ched	ck only one):	□ Sole □ Partn	ership or LLC w	C with One Owner ith Multiple Owners mpt Entity, Trust or Es	→ → → state	Use ROW 1 Headings Use ROW 2 Headings Use ROW 3 Headings Use ROW 4 Headings
ROW 1	Individual's I	Name				(Do Not Use)
ROW 2	Business Owne	r's Name				susiness/Trade Name
ROW 3 ROW 4					Partnership's Name	
	Corporation/Ent	ity Name				(Do Not Use)
FILL						
IN HERE						
ORDER FROM	ADDRESS.			REMIT TO ADD		3 Same as Order From Addre
hone:				Phone:		
ax:				Fax:		
E-Mail:				E-Mail:		
Please indicate ☐ Legal Servic ☐ Medical/Hea		is categorized ority-Owned Bu B Zone Busines	ısiness 🗆	ollowing: Woman-Owned Busi Small Business		Veteran-Owned Business Other:
「he Universit	y's preferred me	thod of paym	nent is credit (card. Do you acce	pt MasterCa	ard/Visa? □ Yes □ N
Print Name		 Signature				Date

PLEASE FAX COMPLETED FORM TO (302) 831-6772

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