Vendor Name:

Business Name per W-9, if different:

**REMIT TO INFORMATION**

Payment Address:

City: State: Zip: Country:

Payment Terms:

Accounting Contact Name: Accounting Email:

Accounting Phone: Accounting Fax:

Form of Payment Accepted: Check Credit Card Single Use Accounts EFT

**PURCHASE ORDER ADDRESS INFORMATION**

Purchase Order Address:

City: State: Zip: Country:

Please mark your preferred method to receive purchase orders. E-mail Fax

Phone: Cell:

Fax: Email:

Please mark your preferred method to receive purchase orders. E-mail Fax

Shipping Terms:

Sales Contact: Phone Number:

**TAX INFORMATION**

Social Security Number/FEIN#:

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

LLC-Corporation LLC-S Corporation LLC-Partnership Other

Please note: A signed W-9 form is also required to be submitted with this form.

**INTERNATIONAL VERIFICATION**

Are you a foreign entity or foreign individual (Non-Resident) doing business in the United States?

Yes No If yes, please attach an appropriate W-8 form as per IRS instructions.

**All Invoices should be mailed to Ohio Wesleyan University, Accounts Payable, 61 S Sandusky St., Delaware, OH 43015. Invoices will not be processed without a purchase order.**