

Vendor Information Form

Controller's Office



UNIVERSITY OF THE PACIFIC
 3601 Pacific Ave
 Stockton, CA 95211
 209-946-2206 Main / 209-946-7363

MCGEORGE SCHOOL OF LAW
 3200 Fifth Ave
 Sacramento, CA 95817
 916-739-7132 Main / 916-739-7069 Fax

ARTHUR A DUGONI SCHOOL OF DENTISTRY
 2155 Webster St
 San Francisco, CA 94115
 415-929-6446 Main / 415-929-6654 Fax

PLEASE TYPE OR PRINT SECTION A OR B

TO BE COMPLETED BY ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH PACIFIC

DEPARTMENT NAME OR

CONTACT NAME AT PACIFIC

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(A) LEGAL COMPANY NAME:	CONTACT PERSON:
BUSINESS NAME:	
PERMANENT MAILING ADDRESS:	CITY, STATE & ZIP
REMIT ADDRESS (If different than above):	CITY, STATE & ZIP
FEDERAL TAX IDENTIFICATION NUMBER:	DO YOU COLLECT "CALIFORNIA" SALES TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>
EXEMPTION CERTIFICATE 590? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES PLEASE ATTACH)	DO YOU RECEIVE 1099'S YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUIRED: ARE YOU OR ANY OF YOUR COMPANY'S PRINCIPALS OR IMMEDIATE FAMILY MEMBERS AFFILIATED WITH PACIFIC (BOARD, FACULTY, EMPLOYEE ETC.)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:	

LAST NAME	FIRST NAME	MIDDLE
(B) IF USING SS# NAME:		
TRADE NAME (DBA):		
PERMANENT MAILING ADDRESS:	CITY, STATE & ZIP	
REMIT ADDRESS (If different than above):	CITY, STATE & ZIP	
SOCIAL SECURITY NUMBER:	DO YOU COLLECT "CA" SALES TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EXEMPTION CERTIFICATE 590? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES PLEASE ATTACH)	DO YOU RECEIVE 1099'S YES <input type="checkbox"/> NO <input type="checkbox"/>	

TELEPHONE NO:	FAX NO:	TOLL FREE NO:
OWNERSHIP OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> LLC		
<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE / LOCAL / FEDERAL GOVERNMENT <input type="checkbox"/> EDUCATIONAL		
Owner status-Business is at least 51% owned, controlled and actively managed by (check all Business Categories that apply)		
<input type="checkbox"/> DISADVANTAGED BUSINESS ENTERPRISE <input type="checkbox"/> WOMAN-OWNED BUSINESS ENTERPRISE		
<input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> MINORITY OWNED BUSINESS		

PAYMENT TERMS:	DO YOU ACCEPT ACH PAYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
EDUCATIONAL DISCOUNTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE PROVIDE E-MAIL ADDRESS:
DO YOU ACCEPT VISA? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Certification
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), and
- 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 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
- I am a U.S. Citizen or other U.S. person.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the but you must provide your correct TIN.

DESCRIPTION OF PRODUCT OR SERVICE (attach sales literature as appropriate)

X Signature of Principal, Individual or Owner	Printed Name	Title	Date
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