



Cowlitz County

Supplier Application/Change Form

ALL FIELDS IN RED ARE REQUIRED

NEW SUPPLIER REQUEST

UPDATE EXISTING SUPPLIER

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.

- [Doing Business with Cowlitz County Government](#).
- The Supplier Application/Change form is a substitution to the [Department 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) 577-3065.
- Submit the completed form to the Cowlitz County Purchasing via email at cowlitz.purchasing@co.cowlitz.wa.us

SUPPLIER INFORMATION

1	IDENTIFICATION NUMBER			1099 REPORTABLE	Yes	No
	SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER	UNIFIED BUSINESS IDENTIFIER	1099 MAILING ADDRESS (If Applicable)		
	NAME (As Registered with the IRS)			PARENT COMPANY NAME (If Applicable)		
	BUSINESS NAME (Remit To Business Name as Indicated on Billing Invoice)			COUNTRY (If not U.S.A.)		
	MAILING ADDRESS (Number, Street, and Apt or Suite Number)			CITY, STATE and POSTAL		
	REMITTANCE/PAYMENT ADDRESS (As Indicated on Billing Invoice)			CITY, STATE and POSTAL		
	PHONE NUMBER	FAX NUMBER	EMAIL			
	CONTACT PERSON (Order & Remit)			WEBSITE		
	FEDERAL TAX CLASSIFICATION (Select From Dropdown List)			IDENTIFICATION (Select From Dropdown List)		

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 ACCOUNT NUMBER (Electronic Funds Transfer Only)	WARRANT (County Check)	ELECTRONIC FUNDS TRANSFER (EFT)
	ACCOUNT TYPE (Electronic Funds Transfer Only)	BANK ROUTING NUMBER (Electronic Funds Transfer Only)	
CHECKING	SAVINGS	EMAIL (For Electronic Payment Notification/Advice)	

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). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.	
	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

HR	HCM CLASS	WITHHOLDING CLASSIFICATION
	SUPPLIER SHORT NAME	WITHHOLDING CLASS