



REQUEST FOR NEW VENDOR - Form 405

New
 Change
 Vendor # _____

Vendor Legal Name _____
Trade Name ("doing business as"): *(if applicable)* _____

Vendor Type: (check only one)
 Vendor *
 Non-Employee
 Petty Cash Custodian (PCC)
 College/University
 Tax Authority
*** If "Vendor":** Provider of:
 Goods
 Services
 Goods/Services
 If "Services", type of Services _____

| | | |
|---|---------------------------------------|---------------------------------------|
| Type of Organization: (check only one) | Employer Identification Number | Social Security Number / ITIN: |
| <input type="checkbox"/> Individual - US citizen or US permanent resident | _____ | _____ |
| <input type="checkbox"/> Individual - Non-US citizen and non-US perm. Res. | _____ | _____ |
| <input type="checkbox"/> Sole Proprietorship | OR | |
| <input type="checkbox"/> Partnership - US | _____ | _____ |
| <input type="checkbox"/> Corporation - US (includes 501©3 non-profit corporation) | _____ | _____ |
| <input type="checkbox"/> Government Agency - US | _____ | _____ |
| Non-US: Corporation Partnership Govt. Agency | _____ | _____ |

Country of Permanent Residence: (non-US payees) _____

| | | |
|--------------------------|-------------------------------------|--|
| Mail Payments to: | Mail/Fax Purchase Orders to: | Payee's Residence, Domicile or Permanent Address: (if different from payment address) |
| Line 1: _____ | Line 1: _____ | Line 1: _____ |
| Line 2: _____ | Line 2: _____ | Line 2: _____ |
| City: _____ | City: _____ | City: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ | State: _____ Zip: _____ |
| Country: _____ | Country: _____ | Country: _____ |

*** Vendor Contact Information:**
 Accounts Receivable - Name: _____ Phone: _____ Fax: _____
 Customer Service - Name: _____ Phone: _____ Fax: _____
 Sales or Other - Name: _____ Phone: _____ Fax: _____
 URL (web address) or e-mail: _____

Requester Information: Name: _____ Title: _____
 Department / School: _____ Phone: _____ E-mail: _____

Authorized by: Name: _____ Title: _____
 Signature: _____ Date: _____
 Authorizer: I certify that I have reviewed this request, have found it to be in compliance with WCSD purchasing policies and authorize the request.