

# Vendor Setup Form



## Vendor Type

- New Vendor
- Information Change
- Sub-Contractor

Business Name for Payments \_\_\_\_\_

1099 Reporting Name (if different than above) \_\_\_\_\_

Address for Remittance \_\_\_\_\_

Apt./Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID Number TIN (FEIN) or Social Security Number (SSN) \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

**\*\*Please attach/submit the following:**

- Signed copy of W-9
- Certificate of insurance (as required per the [Vendor Management Program](#))

Type of Business Entity

- Corporation
- Partnership
- Individual/Sole Proprietor
- Other \_\_\_\_\_

Name \_\_\_\_\_

## **Vendor Certification & Vendor Compliance Acknowledgement**

I certify that (1) the Tax Identification Number (TIN) shown on this form is my correct TIN for the individual or organization stated above 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 LAWFULLY ENTITLED TO CONDUCT BUSINESS IN THE U.S. ADDITIONALLY, THE MITCH COX COMPANIES "VENDOR MANAGEMENT PROGRAM" GUIDELINES ARE HEREBY INCORPORATED BY REFERENCE AND AS SUCH, THE VENDOR AGREES TO ABIDE BY THESE GUIDELINES AND REQUIREMENTS WHILE IN THE SERVICE AS A VENDOR FOR SAIRA ENTERPRISES**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form and attachments to [connect@sairaems.com](mailto:connect@sairaems.com) or fax to (228) 327 - 2270