



Vendor Information Form
New/Updates

Tel: 608-258-2316 Fax: 608-258-2403
Email: vendors@madisoncollege.org

Madison Area Technical College requires a W-9 Form for all vendors doing business with the college in order to comply with Federal regulations and tax reporting requirements.

Please fill out completely and email to vendors@madisoncollege.org

Request will not be processed if required fields are not filled in
Vendor database is updated once a week.

[ ] New Vendor

[ ] Update Vendor

Company or Individual Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

If DBA, please list name(s): \_\_\_\_\_

Entity Type (choose one): [ ] Individual [ ] Partnership [ ] Non-Profit
\*All vendors must submit a W-9\* [ ] Sole Proprietor [ ] Corporation [ ] Other Specify: \_\_\_\_\_

If your company is a disadvantage company please describe:

(Ex. Native American, Women, 8(a)Business Development, 50+ Entrepreneurs, Minority, Youth Entrepreneurship or Veterans)

Taxpayer Identification Type: Social Security Number \_\_\_\_\_

OR

Employer ID (TIN) Number \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Contact E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Payment Remit To Address: \_\_\_\_\_
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Contact E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Payment Terms: Standard Terms: Net\_30\_Days

Time Discount Terms: Net \_\_\_\_\_% \_\_\_\_\_ days