Vendor#_____

REQUEST FOR VENDOR INFORMATION AND CERTIFICATION

Please complete or make changes to the following information: ***Print or Type***

Vendor Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact: _____

Type of Organization (*Check One)*

( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) Government

Federal Tax ID or Social Security Number _____

New Mexico CRS Number (*if applicable)* _____

Is your firm NM sales tax exempt? (*Attach NTTC form)* _____ Yes _____ No

Is your firm designated as non-profit organization? (*Check One)* _____ Yes _____ No

Is your firm exempt from income tax? (*Check One*) _____ Yes _____ No

Is your firm eligible for 1099's? _____ Yes _____ No

Does your firm provide: Service/s Goods Both (*Circle One)*

Signature: _____ Title: _____

*****Include Form W-9***

Incomplete Information/Failure to Provide Form W-9 Will Delay Processing

RETURN THIS FORM TO:
Roosevelt County Finance Administrator
109 W. 1st St.
Portales, NM 88130
Phone: (575) 356-4990 Fax: (575) 356-8307

For Internal Office Use

Requisitioning Department Signature: _____ Date: _____

Finance Director Signature: _____ Date: _____