

**WHATCOM COUNTY
ADMINISTRATIVE SERVICES DEPARTMENT
SUPPLIER NUMBER REQUEST**

SUPPLIER # _____

INDIVIDUAL'S NAME SHOULD APPEAR EXACTLY AS IT APPEARS ON THEIR SOCIAL SECURITY CARD

SUPPLIER NAME _____

D/B/A NAME _____

REMITTANCE ADDRESS _____

(Street)

(City) (State) (Zip Code)

ENTITY TYPE _____
(INDIVIDUAL, PARTNERSHIP, MEDICAL CORPORATION or CORPORATION)

EMPLOYER ID# ____ - ____ - ____ or SOCIAL SECURITY# ____ - ____ - ____

PHONE _____ FAX _____

SUPPLIER CONTACT _____
(Name) (Title)

NON SUPPLIER CLASSIFICATIONS _____ JUROR _____ WITNESS _____ REIMBURSEMENT

A vendor will be placed on hold until a W-9 form is received. We are required to keep these forms on file for the following; Individuals, Partnerships and Medical Corporations



DATE _____

REQUESTED BY _____

DEPARTMENT _____ PHONE _____

PLEASE NOTE: Administrative Services/Purchasing must receive a completed form W-9 prior to removing a vendor hold. This means that no claims can be entered until a completed form W-9 has been received. **ALL INFORMATION ON THIS FORM MUST BE COMPLETED BEFORE A NUMBER WILL BE ISSUED.**

QUESTIONS ? Please contact Chris Mohnkern at (360) 676-6733 extension 50191. Forms may be faxed to (360) 738-4553.