

VENDOR LOCATION FORM

(Please Type or Print)

Vendors complete white sections (Please list all locations doing business under this FEIN/SSN.) Agencies complete the two digit location code (LC) in shaded area and circle the appropriate letter to indicate if the location is in the system. If more than three locations exist, complete multiple copies of this form and label page numbers in the upper right corner.

FEIN/SSN: _____	LC ____	REMIT TO
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) _____	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) _____

FEIN/SSN: _____	LC ____	REMIT TO
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Certification - Under penalties of perjury, I certify that:

If the FEIN/SSAN provided is incorrect, you may be subject to a \$50.00 penalty for each infraction and 31% rate of withholding tax under Federal Income Tax Law.

1. The number shown on this form is my correct taxpayers' identification number (or I am waiting for a number to be issue to me), 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 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.

SIGNATURE

TITLE

DATE

NAME