

PLEASE SUBMIT YOUR W-9 FORM ALONG WITH OUR VENDOR INFORMATION FORM.

REGION IX EDUCATION COOPERATIVE  
VENDOR INFORMATION

Ordering Information	Remit Information (if different)	Tax Information
_____ Company Name or Individual Name	_____ Company Name or Individual Name	_____ Federal ID#
_____ DBA (Doing Business As)	_____ DBA (Doing Business As)	_____ Social Security#
_____ Mailing/Street Address	_____ Mailing/Street Address	_____ NM CRS ID#
_____ City, State, Zip	_____ City, State, Zip	Organization of Business _____ Individual _____ Business
_____ Phone#	_____ Phone#	Ownership of Business _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Government Entity
_____ Toll Free#	_____ Toll Free#	
_____ Fax#	_____ Fax#	
_____ Email address	_____ Email address	

I certify that the information provided is true and accurate to the best of my knowledge as of the date indicated below and that I have the authority to act on behalf of the above named company in this regard. I further certify that there **are[ ] are not[ ]** persons holding a financial interest in the above entity employed by Region IX Education Cooperative.

\_\_\_\_\_  
NAME & TITLE (please print)                      SIGNATURE                      DATE

RETURN THIS COMPLETED FORM TO:                      REGION IX EDUCATION COOPERATIVE  
Attn.: Accounts Payable  
**fiscal.department@regionix.org**  
143 El Paso Road  
Ruidoso, NM 88345  
575.257.2368 ext.123  
575.257.2141 fax