



**BRANDEIS UNIVERSITY**  
**W-9 / VENDOR CERTIFICATION FORM**  
**PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION**  
Purchasing Department • MS 048 • Waltham, MA 02454  
Phone: (781) 736-4500 • Fax (781) 736-4503 • Accounts Payable Phone (781) 736- 4483

**GENERAL INFORMATION**

LEGAL NAME

IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS"

SHOULD CHECKS BE MADE PAYABLE TO (please check one):      DBA NAME ☐    OR    LEGAL NAME ☐

**TAXPAYER IDENTIFICATION NUMBER**

PLEASE ENTER YOUR TIN IN THE APPROPRIATE BOX. (FOR INDIVIDUALS, THIS IS YOUR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

-  -     OR     -

DUNS NUMBER:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND
2. I am not subject to withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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, AND
3. I am a US person (including a US resident alien).
4. I have not been debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX:

- ☐ INDIVIDUAL/SOLE PROPRIETOR      ☐ CORPORATION  
☐ PARTNERSHIP      ☐ OTHER \_\_\_\_\_

BRANDEIS UNIVERSITY PAYMENT TERMS ARE NET 30,  
PLEASE LIST IF YOU OFFER DISCOUNT TERMS

DISCOUNT PAYMENT TERMS: \_\_\_\_\_

**ADDRESS**

ORDER FROM

REMIT TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY                                  STATE                                  ZIPCODE

CITY                                  STATE                                  ZIPCODE

PHONE #      (      )      \_\_\_\_\_

FAX #      (      )      \_\_\_\_\_

Toll Free #      (      )      \_\_\_\_\_

**SPECIAL CLASSIFICATION**

PLEASE CHECK APPROPRIATE BOX(ES), IF APPLICABLE

- ☐ MINORITY OWNED      ☐ SMALL BUSINESS      ☐ WOMAN OWNED