



Form Use: Used to request vendor information not included on W9 (Commonwealth of Massachusetts request for verification of taxation reporting information) form.

Date:

Vendor Name:

FEI/SS#:

Order Address:

City: State: Zip:

Vendor Type: Small Business (under 500 employees) Minority
 Woman-Owned SOMWBA Certified

Internet Address:

Contact Name: Contact Title:

Contact Telephone:

Remit Address:

City: State: Zip:

Do you accept credit cards? Yes No

Do you accept fax orders? Yes No Purchase Order Fax Number:

Please Forward To:

University of Mass.
Carey Simos
Controller's Office
405 Goodell Building
Amherst, MA 01003

Phone: 413-545-4710
Fax: 413-545-4233

cchamberlin@admin.umass.edu