



Is your company on a cooperative contract? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:									
We are not tax-exempt, is sales tax charged? <input type="checkbox"/> No <input type="checkbox"/> Yes									
Do you accept Visa Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes Contact email address:									
Do you offer a prompt payment discount? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are the terms? _____% _____Days									
Are you or a family member currently employed with WESD? <input type="checkbox"/> No <input type="checkbox"/> Yes									
Have you ever been employed by WESD? <input type="checkbox"/> No <input type="checkbox"/> Yes When:									
Is your Business: <table border="0"> <tr> <td><input type="checkbox"/> Certified Small Business</td> <td><input type="checkbox"/> Disabled Veteran Business Enterprise</td> </tr> <tr> <td><input type="checkbox"/> LGBTQ Owned</td> <td><input type="checkbox"/> Minority Business Enterprise</td> </tr> <tr> <td><input type="checkbox"/> Native American Owned</td> <td><input type="checkbox"/> US DOT Certified DBE</td> </tr> <tr> <td><input type="checkbox"/> Veteran Owned</td> <td><input type="checkbox"/> Woman Business Enterprise</td> </tr> </table>		<input type="checkbox"/> Certified Small Business	<input type="checkbox"/> Disabled Veteran Business Enterprise	<input type="checkbox"/> LGBTQ Owned	<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Native American Owned	<input type="checkbox"/> US DOT Certified DBE	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Woman Business Enterprise
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Copy of the Form W-9 with instructions is available on the IRS website at https://www.irs.gov/pub/irs-soi/18/soi990.pdf . <div style="border: 1px solid black; height: 40px; margin-top: 10px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">Federal Taxpayer Identification Number (TIN)</div> </div>	<input type="checkbox"/> Social Security Number OR <input type="checkbox"/> Employer Identification Number	<input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> other _____
Name as Shown on Federal Tax Documents (Individual/Sole proprietor provide owner's name)		

Date _____

7/10/24