



State of New Hampshire
VENDOR APPLICATION

VENDOR # _____
(Assigned by Purchase & Property)

NAME/LOCATION

Vendor Name: _____
DBA Name: _____
Remit Address: _____
City/Town: _____ STATE: _____ ZIP: _____
Business Address: _____
City/Town: _____ STATE: _____ ZIP: _____
Telephone #: _____ Toll Free #: _____ FAX #: _____
Website: _____ E-Mail (Main Office): _____

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.nh.gov/treasury for further information on this option.

TYPE OF BUSINESS

(Note: Registration with the NH Secretary of State MUST be done prior to the awarding of any contracts) http://www.nh.gov/sos/corporate

INDIVIDUAL/SOLE-PROPRIETOR [] PARTNERSHIP/LLP [] CORP [] LLC []
ESTATE OR TRUST [] HEALTHCARE/LEGAL SVS [] GOV [] NONPROFIT []
Registered with NH Secretary of State: _____ State Incorporated In: _____
Minority Institutions [] Minority Owned Large Business [] Minority Owned Small Business []
Disabled Veteran Business [] Svs Disabled Veteran Owned [] Veteran Owned Small Business []
Physically Challenged Bus [] SBA Cert Fin Disadvantaged Bus [] SBA Cert Hist Underutilized Bus []
SBA Cert Sm Disadvantaged Bus [] Women Owned Sm Bus [] Women Owned Large Businesses []
Fed ID # (EIN/FIN): _____ Historically Black Colleges [] Small Business []
Social Security # (SSN): _____

SIGNATURE BLOCK

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (print or type): _____
Signature: _____ Date: _____

ADDRESS BLOCK

http://www.admin.state.nh.us/purchasing

(Phone) 603-271-2201
(Fax) 603-271-2700

DIVISION OF PLANT & PROPERTY MANAGEMENT
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX, ROOM 102
25 CAPITOL STREET
CONCORD NH 03301-6398



STATE OF NEW HAMPSHIRE
ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # (Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME:

ADDITIONAL or DBA NAME:

REMIT ADDRESS:

CITY/TOWN: STATE: ZIP:

BUSINESS ADDRESS:

CITY/TOWN: STATE: ZIP:

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): Fed ID # (EIN/FIN):

PRINCIPAL ACTIVITY

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided:

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Partnership/LLP Government
Corporation Estate or Trust Health Care Provider
LLC Non-Profit (attach exemption) Legal Services

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type):

TELEPHONE #: TOLL FREE #: FAX #:

SIGNATURE: DATE:

PLEASE RETURN WHEN COMPLETED TO: DIVISION OF PLANT & PROPERTY MGMT
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301
(Phone) 603-271-2201
(FAX) 603-271-2700
http://www.admin.state.nh.us/purchasing