



# State of New Hampshire VENDOR APPLICATION

VENDOR # \_\_\_\_\_  
(Assigned by Purchase & Property)

## NAME/LOCATION

Vendor Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

LEGAL 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](mailto:treasury@treasury.state.nh.us) or visit their website at [www.nh.gov/treasury](http://www.nh.gov/treasury) for further information on this option. See attached ACH Form also.

## 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): \_\_\_\_\_

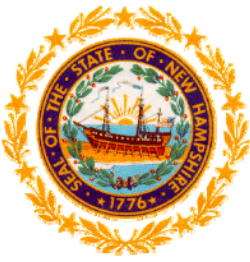
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDRESS BLOCK

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

<http://www.admin.state.nh.us/purchasing>  
[prchweb@nh.gov](mailto:prchweb@nh.gov)

DIVISION OF PLANT & PROPERTY MANAGEMENT  
BUREAU OF PURCHASE & PROPERTY  
STATE HOUSE ANNEX – ROOM 102  
25 CAPITOL STREET  
CONCORD NH 03301



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: \_\_\_\_\_

LEGAL 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 MANAGEMENT
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL STREET
CONCORD NH 03301
(Phone) 603-271-2201
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http://www.admin.state.nh.us/purchasing
prchweb@nh.gov