

THIS SECTION TO BE COMPLETED BY VENDOR

Provide a Completed W-9 Form with Your Application.

A "590" Non-Resident Tax Form must be Submitted for all Out-of-State Service Vendors.

PROCUREMENT INFORMATION:

Vendor/Company Name: TW Clocks

If above is a DBA, include parent company name: Display Dimensions

Street Address: 2020 36th Street North

City: Wisconsin Rapids

State: WI

Zip: 54494

Phone: 7158693444

Fax: _____

Enter "N/A" if you do not have a fax

Are you a CalSTRS or CalPERS retiree? Yes No

W-9 Federal Tax I.D. or SS#: 46-4182203

Vendor Website: trackwrestling.com/clocks

Is your company 1099 reportable? Yes No

Company Provides (Check as it pertains):

Service (describe): _____

Product (describe): score clocks

Contact Name: Justin Tritz

Phone/Ext: 6084698837

Email: justin@trackwrestling.com

Purchase orders will be sent to this email

PAYMENT INFORMATION: Check box if same as procurement information above

Contact Name: _____

Phone/Ext: _____

Street Address: _____

City: _____

State: _____

Email: _____

TWCLOCKS-W9-2014.pdf - Adobe Reader



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