1. THIS FORM TO BE USED IN PLACE OF IRS Form W-9.

2. Complete this form to establish account or to change existing information.

3. Business/Individual NAME must be exactly the same as used for Federal Tax reporting purposes.

4. Faxes are acceptable.

5. Invoice payment will be processed upon receipt of this form. Please print clearly or type. Be sure all information is correct.

<table>
<thead>
<tr>
<th>Are you making changes to an existing account?</th>
<th>Yes</th>
<th>No</th>
<th>Add'l Remit</th>
<th>Moved</th>
<th>Ownership</th>
<th>Address Change</th>
<th>Add'l Business Name</th>
<th>Name</th>
<th>IRS TIN #</th>
</tr>
</thead>
</table>

Please Print Clearly or Type

**Name**
(If joint names, list both and circle the name whose TIN you are providing below)

**Business Name**
(Sole Proprietor enter your individual name above and business name here)

**Payment (Remit) Address**
Street Number, Apt. Number, Mail-Stop
City State Zip
If making change to payment address put old payment address here.

**Additional Payment Address**
(Use separate page if needed)

**Taxpayer Identification Number**

**Employer Identification Number** OR **Social Security Number**

**Type of Business**
- Corporation
- Government
- Partnership
- Non-Profit Corp
- Attorney (inc.)
- Medical Corp

**How are you filed with the IRS?**
- Individual
- Sole Proprietorship
- Other: Explain Below

**Phone # (Include Area Code)**

**FAX Number**

**Email Address**

**UBI Number (WA Business Only)**

**Name/Title of Person completing the Form**

Under penalty of perjury, I certify that the number shown on this statement is the correct taxpayer identification number.

**Signature of Person Completing this Form**

**Date**

(For Financial Services Use Only)

<table>
<thead>
<tr>
<th>Data Entry Done By</th>
<th>Date</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

Vendor #

Prepared by Financial Services

Revised 04/21/08