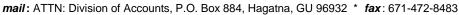


GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS





VENDOR RECORD / EFT ESTABLISHMENT REQUEST

Mailing Address City State Zip Code OTHER REQUIRES Taxpayer ID No./Soc Sec No:	Mailing Address City State Zip Code
Taxpayer ID No./Soc Sec No: Ty	ED INFORMATION
Taxpayer ID No./Soc Sec No: Ty	
Contact Number (primary):	Type of Product / Svc:
<u> </u>	Contact No.(other):
Fax Number:	E-mail Address:
Business License Proper identification TRAVEL EMPLOYEE Form W-9 https://www.irs.gov/pub/irs-pdf/fw9.pdf The undersigned confirms its account number and title named above and hereby a Administration. The undersigned also has read and understood 4 GCA §8169 which and Any person who knowingly makes any false statement or falsifies or permits to be fall guilty of a misdemeanor and shall be punishable therefore under the laws of the government of the statement of the statement of the statement of the statement or falsifies or permits to be fall guilty of a misdemeanor and shall be punishable therefore under the laws of the government of the statement of the state	h state: falsified, any record or records of this system, in any attempt to defraud the system,
Existing Vendor Number NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecesary delays in the vendor establishment process.	VENDOR APPLICANT'S SIGNATURE Print Name: Print Title: Date Signed:
DEPARTMENT OF A	ADMINISTRATION