



Dear Supplier,

If your company is not an approved vendor with Mobile Area Water and Sewer System (MAWSS) and you wish to have the opportunity to do business with us, we ask that you please complete the Vendor Registration Questionnaire Form and a Federal Form W-9 Request for Taxpayer Identification Number and Certification Form. Both of these forms are located on our website. There is also a list of sample materials and services purchased by MAWSS.

We must have all information on both forms completed to list your company as a valid supplier of materials, supplies, and/or services. Incomplete forms cannot be accepted and will be returned.

Vendor Registration Questionnaire

Please complete the information on the top half of the form. The bottom half of the form certifies if your business qualifies as a Disadvantaged Business Entity (DBE). If this applies to you, then please complete the information on the bottom half of the form. If it does not apply to you, simply acknowledge that you have read and understand the DBE Policy (found on our website) by checking the appropriate box and by signing the application form.

Federal Form W-9

This form must be filled out completely and accurately. Be sure to fully complete Box 3 which shows us how your business is organized. This is required to set you up as a vendor in our system.

ACH Authorization Form

This form is only required to be completed if the preferred method of payment is by ACH. Otherwise, payment will be made by issuing a check.

You may return your completed forms by any of the following three methods:

Mail to:           MAWSS Purchasing Department  
                      PO Box 180249  
                      Mobile, AL 36618-0249

Fax to:             251-694-3461

Email to:          Joyce Sawyer at [jasawyer@mawss.com](mailto:jasawyer@mawss.com)

Upon receiving the completed forms, you will be added to our system as a potential supplier. If you have filled out supplier information for us previously, then your information should still be on file. Please feel free to contact me at (251) 694-3110 if you have any questions or I can be of further assistance.

Sincerely,

Joyce Sawyer  
Purchasing Department



**FOR OFFICE USE ONLY:**

VI# \_\_\_\_\_

DOV \_\_\_\_\_ /By: \_\_\_\_\_

CI \_\_\_\_\_ /Date: \_\_\_\_\_

**VENDOR REGISTRATION QUESTIONNAIRE**  
Please type or print

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Remit to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(if different from physical)

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Accounting Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Sales/Bids Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred method of payment:  Check **OR**  ACH Payments  
(ACH authorization form required)

Prepared By: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Federal Id# \_\_\_\_\_ - \_\_\_\_\_ Social Security # (if applicable) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Form W-9**, completed and attached (**Required**) Payment terms \_\_\_\_\_ (Net 30 unless otherwise stated)

Business License #: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_ Discipline: \_\_\_\_\_

Does your company have 500 or more employees?  YES  NO

Primary Nature of Business: \_\_\_\_\_

**THIS IS TO CERTIFY THAT THIS BUSINESS QUALIFIES AS (CHECK BELOW ALL THAT APPLY):**

**Minority Business Concern** – A business at least 51% of which is owned (or, in the case of publicly owned businesses, at least 51% of the stock of which is owned) by one or more minority individuals or other individuals found to be disadvantaged by the Small Business Administration and whose management and daily operations are controlled by such individuals.

Check appropriate boxes below:

- African American
- Hispanic American
- Asian-Pacific American
- Native American  
(American Indian, Eskimo, Aleut)
- Veteran
- Male
- Female

**Woman Owned Business Concern** – A business that is at least 51% owned by a non-minority woman who controls the daily management.

**CERTIFICATION STATUS**

- My company is certified by an authorized agency. (attach certification copy)
- I herewith certify my status as a minority - or female-owned company.

Confirmed by MAWSS: \_\_\_\_\_

I acknowledge that I have read and understand the Supplier Diversity Policy

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

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

See Specific Instructions on page 3.  Print or type.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



The Board of Water and Sewer Commissioners of the City of Mobile

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

Vendor TIN: \_\_\_\_\_

**ACH Authorization Agreement**

I, \_\_\_\_\_, hereby authorize The Board of Water and Sewer Commissioners of the City of Mobile to initiate automatic deposits to my account at the financial institution named below. I also authorize The Board of Water and Sewer Commissioners of the City of Mobile to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold The Board of Water and Sewer Commissioners of the City of Mobile responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until The Board of Water and Sewer Commissioners of the City of Mobile receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Accounts Payable Department.

Please note: This form is only required if your preferred method of payment is by ACH.