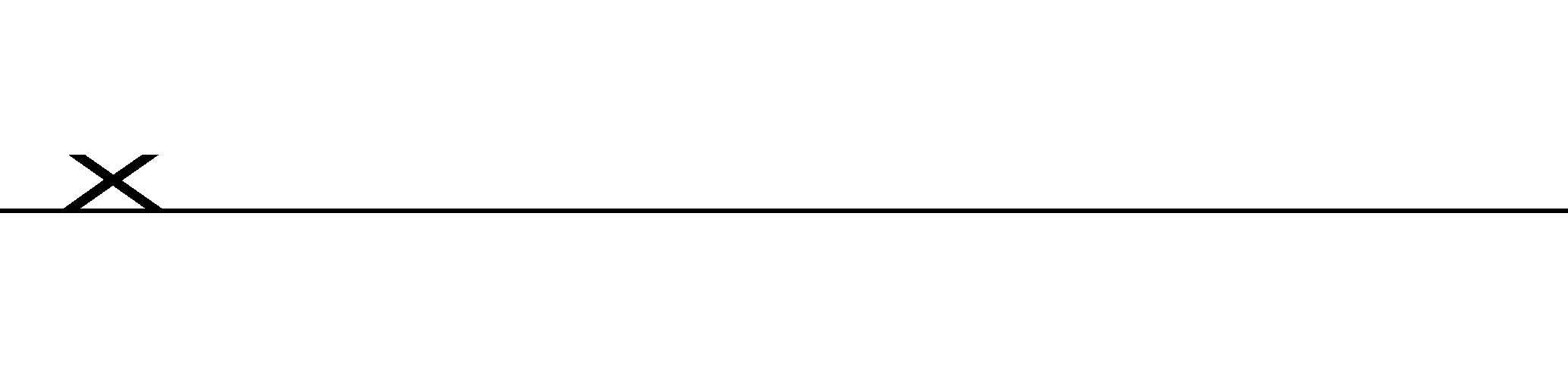
**REGION 9 EDUCATION COOPERATIVE**

VENDOR INFORMATION

|  |  |  |
| --- | --- | --- |
| **Ordering Information**  Company Name or Individual Name:    DBA (Doing Business As):    Mailing - Street Address:    City, State, Zip:    Phone#:  Fax#:  E-Mail: | **Remit Information (if different)**  Company Name or Individual Name:    DBA (Doing Business As):    Mailing - Street Address:    City, State, Zip:    Phone#:  Fax#:  E-Mail: | **Tax Information**  Federal ID# or SS# (if individual):    NM CRS ID# (required for ALL contractors working within the state):  If you do not have a NMCRS number, please go to [www.tax.newmexico.gov](http://www.tax.newmexico.gov)  Organization of Business:  *Choose an item.*  Ownership of Business  *Choose an item.* |

I certify that the information provided is true and accurate to the bests of my knowledge as of the date indicated below and that I have the authority to act on behalf of the above named company in this regard. I further certify that there **are☐** **are not☐** persons holding a financial interest in the above entity employed by Region 9 Education Cooperative.

Name of Person Completing Form:  Title of Person Completing Form: 

Signature: Date:

The following person(s) has Signing Authority for contracts:

Name:

Title:

E-Mail Address: