**REGION 9 EDUCATION COOPERATIVE**

VENDOR INFORMATION

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| **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: