



Vendor Information

This Vendor Information Form is California Association for Research in Astronomy
dba W. M. Keck Observatory's substitute for the W-9 form.

The form must be completed and signed by the individual/entity in order to receive payment.

Return form to:

W. M. Keck Observatory 65-1120 Mamalahoa Highway Kamuela, HI 96743 **OR**

Email: e-invoice@keck.hawaii.edu **OR** Fax: 808-885-4464

Date:

LEGAL NAME AS REGISTERED WITH THE IRS (should match Form W9)		STATE BUSINESS ESTABLISHED IN			
BUSINESS NAME/D.B.A.		BUSINESS WEB SITE URL			
HAWAII GET ID		FEDERAL TAX ID NUMBER (FEIN or SSN)			
CCR NUMBER AND/OR NAICS CODE IF APPLICABLE		DUN & BRADSTREET NUMBER, IF APPLICABLE			
ORGANIZATION TYPE	C Corp/S Corp	Other			
PHYSICAL ADDRESS		CITY	STATE	ZIP	COUNTRY
FINANCIAL CONTACT		TITLE			
FINANCIAL CONTACT PHONE	FINANCIAL CONTACT FAX	FINANCIAL CONTACT EMAIL ADDRESS			
PURCHASE ORDER ADDRESS		CITY	STATE	ZIP	COUNTRY
PURCHASE ORDER CONTACT		TITLE			
PURCHASE ORDER PHONE	PURCHASE ORDER FAX	PURCHASE ORDER EMAIL ADDRESS			
INVOICE REMITTANCE ADDRESS		CITY	STATE	ZIP	COUNTRY
INVOICE CONTACT		TITLE			
INVOICE PHONE	PAYMENT TERM (ie: NET 30)	EMAIL ADDRESS			
In order of WMKO's preferred method of payment, please choose two below:					
1. Credit Card (w/ no fees)		3. ACH (complete and return the attached form)			
2. E-payables (requires Merchant Services)		4. Paper check		5. Wire transfer (Foreign only)	
PRINT NAME OF INDIVIDUAL COMPLETING FORM		TITLE			
PHONE	EMAIL ADDRESS				

Certification - Required for U.S. Entities and Citizens:

Under the penalties of perjury, I certify that **(1)** the information contained on this form is my correct taxpayer identification number, 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 person.

Date:

Signature: