



Accounting

VENDOR INFORMATION

STUDENT, EMPLOYEE OR COMPANY

NAME _____
LAST FIRST MIDDLE SSN or FEDERAL TAX ID #

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE _____ FAX _____

TEXAS CHARTER NUMBER IF (INC) _____

SOLE PROPRIETOR PROVIDE SSN AND NAME OF OWNER

SSN _____ NAME _____

E-MAIL ADDRESS: _____

I hereby authorize The University of Texas of the Permian Basin, hereinafter called UNIVERSITY, to set up my vendor information into their system for the purpose of payment to myself (company).

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas of the Permian Basin to identify you, as mandated by [Federal] [State] law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

SIGNATURE _____ DATE _____