



13220 Doyle Path E., Rosemount, MN 55068
Email: ap@spectroalloys.com

Vendor Information Record

Full Legal Name: _____

1099 Reporting Name (if different): _____

Physical Address: _____ City, State & Zip: _____

☐ Check here if remittance address is the same as physical address.

Remittance Address: _____ City, State & Zip: _____

Accounting Contact: _____ Phone: _____

Email: _____ Fax: _____

Description of goods and/or services sold: _____

Please enter your taxpayer identification number on the appropriate line below. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

Federal ID #: _____ - _____

Social Security #: _____ - _____ - _____

Please check one of the following:

Corporation _____ Partnership _____ Proprietorship _____ Other _____

Certification:

Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

For Spectro Use Only:

Terms: _____ Spectro Alloys Contact: _____

New Vendor: ☐ Update Physical Address: ☐ Update Remittance Address: ☐

Supplier Class: _____ Web-site verified: ☐ FEIN look-up: ☐

Verified by: _____ Date: _____

Vendor Account #: _____ Date Completed: _____ Completed By: _____