



13220 Doyle Path E., Rosemount, MN 55068
Ph (651) 437-2815 Fax (651) 438-3714

Supplier Information Record

Full Legal Name: _____

1099 Reporting Name (if different than above): _____

Physical Address: _____ **Remittance** Address: _____

City, State & Zip: _____ City, State & Zip: _____

Phone Number: _____ Fax Number: _____

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: _____