



# Vendor Setup Form

*\* Indicates required field*

Hotel Management Services, Inc. (Entity) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Requestor Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

*Employees submitting expense reports should select 'New Vendor' for initial setup only.*

Vendor Type*	Insurance Compliance*	Credit Application Required*
New Vendor	Full Risk (Insurance Required)	Yes
New Site	No Risk (Supplier & Employee Expense Setup)	No
Information Change		
Project Name: _____		

*This section to be completed by vendor - an attached signed copy of W-9 is required.*

Business Name for Payments \_\_\_\_\_  
1099 Reporting Name (if different than above) \_\_\_\_\_  
Address for Remittance \_\_\_\_\_  
Apt./Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax Payer Identification Number (FEIN) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Name as it Appears on SS Card \_\_\_\_\_

### Business Type \*

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Individual/Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_  
Name \_\_\_\_\_

### Vendor Certification & Vendor Compliance Acknowledgement

I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me 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 notified me that I am no longer subject to backup withholding, and (3) **I AM A U.S. CITIZEN OR LAWFULLY ENTITLED TO BUSINESS IN THE U.S. ADDITIONALLY, THE HOTEL MANAGEMENT SERVICES, INC. "VENDOR MANAGEMENT PROGRAM" GUIDELINES ARE HEREBY INCORPORATED BY REFERENCE AND AS SUCH, THE VENDOR AGREES TO ABIDE BY THESE GUIDELINES AND REQUIREMENTS WHILE IN THE SERVICE AS A "VENDOR" FOR THE "COMPANY".**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form and attachments to **vendors@mitchcox.com** or fax to (423) 282-5903.

*For internal use only*

#### Internal Accounting Review & Approval

Name \_\_\_\_\_  
Date \_\_\_\_\_

#### Internal Insurance Review & Approval

Name \_\_\_\_\_  
Date \_\_\_\_\_

#### Risk Management

Sub-Contractor Contract  
Cert. of Insurance  
Other (if applicable)