



Application for Vendor Account

**Section 1**

1. **Texas Identification Number (TIN)** - Indicate the type of number you are providing to be used for your TIN

Employer Identification Number (EIN) (9 digits)

Social Security number (SSN) (9 digits)

Individual Taxpayer Identification Number (ITIN) (9 digits)

Enter the number indicated \_\_\_\_\_

**Section 2**

**Payee Information (Please type or print)**

2. Name of payee (Individual or business to be paid)

\_\_\_\_\_

3. Mailing address where you want to receive payments

\_\_\_\_\_

4. (Optional)

\_\_\_\_\_

5. (Optional)

\_\_\_\_\_

6. (Optional)

\_\_\_\_\_

7. City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

8. Payee telephone number (Area code and number) \_\_\_\_\_

Payee E-mail Address \_\_\_\_\_

**Section 3**

9. **Ownership Codes** - Check only one code by the appropriate ownership type that applies to you or your business.

**I** - Individual Recipient (not owning a business)

**S** - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)

Owner's name \_\_\_\_\_

SSN / ITIN (9 digits) \_\_\_\_\_

**P** - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).

Name \_\_\_\_\_

SSN / ITIN / EIN (9 digits) \_\_\_\_\_

Name \_\_\_\_\_

SSN / ITIN / EIN (9 digits) \_\_\_\_\_

**N** - Other: If checked, explain. \_\_\_\_\_

**L** - Texas Limited Partnership: If checked, enter the Texas File Number \_\_\_\_\_

**T** - Texas Corporation: If checked, enter the Texas File Number \_\_\_\_\_

**A** - Professional Association: If checked, enter the Texas File Number \_\_\_\_\_

**C** - Professional Corporation: If checked, enter the Texas File Number \_\_\_\_\_

**O** - Out-of-State Corporation

**G** - Governmental Entity

**U** - State agency / University

**F** - Financial Institution

**R** - Foreign (out of U.S.A.)

**Section 4**

10. Comments \_\_\_\_\_

11. **sign here** Authorized signature (Applicant or authorized agent) \_\_\_\_\_ Date \_\_\_\_\_

12. Agency name \_\_\_\_\_ Prepared by \_\_\_\_\_ Phone (Area code and number) \_\_\_\_\_

Please submit completed form to:

Texas A&M University - Kingsville Office of Finance & Budget Attn: Accounts Payable 700 University Blvd MSC 104 Kingsville, TX 78363

OR

Fax (361) 593-4165 ap@tamuk.edu