





**VENDOR INFORMATION & SUBSTITUTE W-9**

GENERAL INFORMATION		
VENDOR NAME (as registered with the IRS)		
TRADE VENDOR NAME/DBA		
PRIMARY ADDRESS (number, street and suite number)		REMITTANCE ADDRESS (number, street and suite number)
CITY, STATE, AND ZIP		CITY, STATE, AND ZIP
PHONE	FAX	EMAIL
<b>VENDOR OFFERINGS TO SHO-ME</b> <input type="checkbox"/> Labor and Materials <input type="checkbox"/> Service Only (No materials to be purchased) <input type="checkbox"/> Materials Supplier Only (No labor or service) <input type="checkbox"/> Gratuitous (No fee for service)		
<b>PAYMENT PREFERENCE</b> <input type="checkbox"/> Check to Remittance Above <input type="checkbox"/> ACH Deposit (Must complete and submit the attached ACH ENROLLMENT FORM)		
<b>TAX CLASSIFICATION</b> (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC - Tax Classification: ____ (C = C Corporation, S = S Corporation, or P = Partnership) <input type="checkbox"/> OTHER		
<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> SOCIAL SECURITY NUMBER _____ or EMPLOYER IDENTIFICATION NUMBER _____		DUN & BRADSTREET D-U-N-S® NUMBER _____
<b>NAICS CODES</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
PURCHASE ORDERS		
PO FAX		PO EMAIL
POTENTIAL CONFLICTS OF INTEREST		
Are you or any principal owner of your company of the following: A) a Sho-Me employee, B) in a business relationship with a Sho-Me employee, C) a family member of a Sho-Me employee, or D) a member of the same household (regardless of relationship) as a Sho-Me employee. <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please identify the Sho-Me employee and the relationship to that employee (note that answering "yes" does not mean you cannot act as a vendor to Sho-Me, but requires steps to comply with Sho-Me's Conflicts of Interest Policy: _____		
CERTIFICATION		
As a legally authorized representative of the named Vendor, I hereby agree to abide by the provisions and requirements of this Vendor Agreement. Under penalties of perjury, 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 has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other person (defined in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.		
SIGNATURE		DATE
PRINT NAME		TITLE

**SUBMISSION**

Upon completion of this VENDOR AGREEMENT and optional ACH ENROLLMENT FORM, please submit all pages to Sho-Me via one of these methods:

1. Upload to **FIRST,VERIFY®** website during initial or renewal of contractor prequalification at [www.firstverify.com](http://www.firstverify.com)
2. Email to [ContractAdmin@shomepower.com](mailto:ContractAdmin@shomepower.com)
3. Mail to **Sho-Me Power Electric Cooperative**  
Attn: Contract Administrator  
PO Box D  
Marshfield, MO 65706

# ACH ENROLLMENT FORM

## VENDOR PAYMENT ELECTRONIC FUNDS TRANSFER AUTHORIZATION



Email to: [AccountsPayable@shomepower.com](mailto:AccountsPayable@shomepower.com)



Email to: [SMTAccountsPayable@shometech.com](mailto:SMTAccountsPayable@shometech.com)

New Request

Account Change

Cancel

PAYEE/COMPANY INFORMATION				
1	VENDOR NAME (as registered with the IRS)			
	ADDRESS			
	CITY, STATE, AND ZIP			
	ACCOUNTS RECEIVABLE CONTACT NAME	ACCOUNTS RECEIVABLE CONTACT PHONE		
	BUSINESS EMAIL ADDRESS (for payment notification)	DUN & BRADSTREET D-U-N-S® NUMBER		
FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)				
2	DEPOSITORY INSTITUTION NAME	BRANCH		
	ADDRESS			
	CITY, STATE, AND ZIP			
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
AUTHORIZATION				
3	<p>I (we) hereby authorize Sho-Me Power Electric Cooperative and/or Sho-Me Technologies, LLC, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated above, at the depository Financial Institution named above, and to credit or debit the same from such account, I (we) acknowledge that the authority will remain ineffect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p> <p>This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.</p>			
	SIGNATURE	DATE		
	PRINT NAME	TITLE		
SUBMIT THIS ACH FORM AND VOIDED CHECK TO ANY ONE OF THE FOLLOWING				
4	EMAIL (preferred): Sho-Me Power: <a href="mailto:AccountsPayable@shomepower.com">AccountsPayable@shomepower.com</a> Sho-Me Technologies: <a href="mailto:SMTAccountsPayable@shometech.com">SMTAccountsPayable@shometech.com</a>		FAX: (417) 468-7808	MAIL: P.O. Box D Marshfield, MO 65706
				CONTACT PHONE: <b>(417) 859-2615</b>