

Western Technical College

VENDOR INFORMATION FORM

All parts of the form must be completed. This is a fillable form, but you may also print the form and fill by hand--please make sure it is legible for avoidance of errors . Include a completed and signed W-9 (or W-8ECI) along with this form. If you have any questions please call 608-789-6226 or email purchasing@westernnc.edu

All invoices for Western Technical College should be sent to accountspayable@westernnc.edu

SECTION 1 –VENDOR INFORMATION		
LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)		
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)		
SECTION 2 – VENDOR PHYSICAL ADDRESS		
ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:
SECTION 3 – VENDOR REMIT TO ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)		
ADDRESS:		COUNTY:
CITY:	STATE:	ZIP CODE:
SECTION 4 – CONTACT INFORMATION		
NAME:		
WEBSITE:		
PHONE:	FAX:	EMAIL:
SECTION 5 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)		
<input type="checkbox"/> 2/10 NET 30	<input type="checkbox"/> NET 30	<input type="checkbox"/> NET 60
Other (please specify)		
SECTION 6 – PURCHASE ORDER DISTRIBUTION		
EMAIL <u>OR</u> FAX:		
SECTION 7 – PLEASE SIGN & DATE		
PRINT NAME:		
SIGNATURE:		DATE:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk. Please see submittal options on page 3.

Due to the sensitive nature of the information on these forms, we do not recommend returning the forms via email or fax. Please use one of the options provided below to submit your completed forms. Thank you.

Mail to:

Western Technical College
Attn: Purchasing
400 7th Street North
La Crosse, WI 54601

Secure Document Drop Off:

1. Open the webpage: <https://dropoff.westerntc.edu/>.
2. Under "Anyone may perform the following activities", select Drop-off.
3. After filling in the required fields, select send confirmation.
4. You will receive a confirmation email. Follow the instructions provided in the email.
5. The screen to add recipients will load.
 - a. In the Name field, add Jessica Hytry.
 - b. In the Email field, add purchasing@westerntc.edu
 - c. Select Add & Close.
6. After adding the file(s) and a short not to the recipient, a Drop-off Files button will appear at the bottom of the screen. Select Drop-off Files.

Western Technical College

LET US DEPOSIT IT FOR YOU!

ACH CREDIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT - FOR AUTOMATIC DEPOSITS (CREDITS)			
BUSINESS/EMPLOYEE NAME		EMAIL ADDRESS: (Upon issuing a payment to you Western will send an email notification to the email provided)	
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER (9 DIGIT ROUTING) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CITY, STATE, ZIP		ACCOUNT NUMBER	
TYPE OF ACCOUNT (Select One)		<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
<p>I (we) hereby authorize Western Technical College hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.</p>			
SIGNATURE		DATE	
<p>This authority 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 DEPOSITORY a reasonable opportunity to act on it.</p>			

Find Routing Number on Your Check

Your Name	1001
Your Address	
PAY TO THE ORDER OF _____ \$ <input type="text"/>	
	DOLLARS
Your Bank Name	
MEMO _____	
⑆ 123456789 ⑆ 0000987654321 ⑆	1001

For questions regarding this form please email purchasing@westerntc.edu

9 Digit Routing Number Your Account Number Check Number

Please attach a voided check or letter from your bank!

For Business Office Use Only

Entered by: _____ Verified by: _____
Date: _____ Date: _____