

I hope this letter finds you well. We are excited to begin a business relationship with your company and look forward to the opportunities that lie ahead.

As part of our standard procedure for setting up new vendors, we kindly request that you provide us with the following documentation:

1. **W-9 Form:** The W-9 form is crucial for tax reporting purposes and ensures that we have accurate information for your business. Please ensure the W-9 is signed within one year of this request.
2. **Business Type:** Please ensure that the correct entity type is chosen in section 3 of the W-9 form. **If "Individual/Sole Proprietor" is chosen, include a copy of the Employer Identification Number (EIN) certificate or Social Security card, along with a government-issued photo ID. Acceptable forms of ID include a state-issued driver's license, passport, or state-issued general ID.**
3. **Completed ACH Form or Email for Virtual Credit Card Payments:** We offer the option of making payments via virtual credit cards, which can streamline our payment process. Alternatively, if you prefer ACH payments, providing us with your completed ACH form will ensure seamless and efficient processing of payments.

Please fill out the W-9 form and the ACH form completely and accurately and return them to us at your earliest convenience. If you prefer to submit the forms electronically, you may do so by emailing them to the person that sent the packet to you or _Purchasing@re-wa.org if you do not have a contact person.

Should you have any questions or need further clarification regarding these forms or any other aspect of our vendor setup process, please do not hesitate to contact our procurement department at 864-299-4000 x368 or x274 or _Purchasing@re-wa.org. We are here to assist you every step of the way.

Once your status as a supplier has been confirmed, please send all invoices, including a ReWa-issued Purchase Order Number, to invoices@re-wa.org. For any questions regarding invoices, please contact accountspayable@re-wa.org.

Thank you for your prompt attention to this matter. We value the opportunity to work with your company and anticipate a mutually beneficial partnership.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

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 U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ELECTRONIC FUNDS AUTHORIZATION (EFT) AGREEMENT

PURPOSE (Check a box): ENROLLMENT

CHANGE

VENDOR INFORMATION

Vendor Name* hereby authorizes Renewable Water Resources (ReWa) to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account as indicated below, for payment of goods, services, and reimbursements		Vendor # (Internal Use Only)
Address*	City, State, Zip*	
EFT Contact*	Telephone #*	
E-mail address*	Primary or Remit to Address*	

BANKING INFORMATION

New ACH Information	
Bank Name*	Contact Name
Address	City, State, Zip
Telephone #	Bank Account Type* Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank Routing Number*	Bank Account Number*

*Required field

Vendor may change any portion of the banking information provided above by giving at least ten (10) days written or electronic notice to ReWa at the address or email shown below. This authorization shall remain in effect until ten (10) days after ReWa has received written cancellation from the Vendor at the following address or email:

Attn: Purchasing Department
561 Mauldin Road
Greenville, SC 29607
purchasing@re-wa.org

Notice of cancellation shall in no way affect EFT entries initiated prior to actual receipt and processing of notice. Vendor understands that ReWa may suspend this agreement at any time. By signing this Authorization, Vendor in no way relinquishes any legal right to dispute any item.

**Vendor shall validate electronic transfer remittance advises within 3 days of receipt and shall institute and adhere to appropriate internal controls to minimize fraudulent attempts.

VENDOR AUTHORIZATION:

 Authorized Signature Authorized Name Title Date

ReWa Purchasing Internal Use Only	
Purchasing Agent Contacting Vendor:	
Name of Initial Vendor Representative Contacted by Phone:	
Billing Contact and Email Used for Confirmation and Form:	
Phone Number Used for Contact:	
Date of Initial Contact:	
Additional Information (If applicable):	