



THE CATHOLIC UNIVERSITY OF AMERICA

Non-US Vendor Certification Form (For Services performed outside of the United States)

Name of Business or Individual: _____

Country of Residence: _____

Permanent Residence Address:

Street address: _____

City, town, state or province, and postal code if applicable: _____

Country (do not abbreviate): _____

Contact Name: _____ Telephone: _____

Website: _____ Email: _____

Mailing address (if different from above):

Street address: _____

City, town, state or province, and postal code if applicable: _____

Country (do not abbreviate): _____

Payment Options:

Wire ___ ACH ___ Check ___

US Taxpayer identification number, if any: _____

Foreign tax identifying number, if any: _____

Indicate type of entity: Individual ___ Corporation ___ Partnership ___ Government ___

International Organization ___ Tax-exempt organization ___ University ___ Other (please describe) _____

I certify or affirm that:

- 1) I am not a U.S. Citizen or Permanent Resident, or Resident Alien for US Tax Purposes, and;
- 2) All of the services performed, or to be performed, on behalf of The Catholic University of America, as agreed upon under separate contract or other document, will be performed outside of the USA. All services will be conducted in the country of _____.

Signature

Date (MM-DD-YYYY)

Print Name

Mail or fax to:

The Catholic University of America
Attn: Accounts Payable, Leahy Hall, Room # 152
620 Michigan Ave, NE, Washington DC 20064

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Telephone :(202) 319-5041
Email: CUA-AP-VENDORS@cua.edu