



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 \_\_\_\_\_.

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**Signature**

**Date (MM-DD-YYYY)**

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**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

FAX: (202) 319-5848  
Telephone :( 202) 319-5041  
Email: [CUA-AP-VENDORS@cua.edu](mailto:CUA-AP-VENDORS@cua.edu)