



Finance

1101 Carmichael Rd | Hudson WI 54016
Telephone: 715-381-4307 | Fax: 715-381-4926
www.sccwi.gov

SUPPLIER AND CONTACT INFORMATION

All St. Croix County independent contractors are required to provide an EIN. You may obtain EINs from the IRS by visiting <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>.

Supplier information as listed on tax returns. **MUST provide your W-9**

Business Name: _____	Address: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____

Please check appropriate box (if applicable):

- ☐ Minority-Owned Business Enterprise (MBE) (51% owned, controlled, and actively managed by minorities)
☐ Disabled Veteran-Owned Business (DVB) (51% owned and actively managed by disabled veterans)
☐ Women's Business Enterprise (WBE) (51% owned, controlled, and actively managed by women)

If checked one of the boxes above is your business certified by the Wisconsin Supplier Diversity Program?

☐ Yes ☐ No

If you are a Minority-Owned Business Enterprise, Disabled Veteran-Owned Business, or Women's Business Enterprise and are not certified by the Wisconsin Supplier Diversity Program please consider registering for certification at:

<http://doa.wi.gov/Pages/DoingBusiness/SupplierDiversity.aspx>

Payment/Remittance Address: Please provide the Contact Name in this section of the individual(s) that have the authority to make any changes to the payment/remittance address.

Business Name: _____	
Contact Name: _____	Address: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____

Preferred Payment Method & Terms (Required)

Method of Payment ☐ Electronic – Email required in payment section above
☐ Paper Check

Payment Terms: ☐ Net 15 ☐ Net 20 ☐ Net 30 ☐ Net 45 ☐ Net 60 ☐ Other _____

Purchase Order Address (if different from Supplier address)

Business Name: _____	Address: _____
Phone: _____	City: _____
E-mail: _____	State, Zip: _____

Please return completed form and copy of W-9

If you are a Supplier entering into a contract with St. Croix County, please fill out the information below.

CONTRACT INFORMATION

CONTRACT SIGNER

Name:	_____	Address:	_____
Phone:	_____	City:	_____
E-mail:	_____	State, Zip:	_____

CONTRACT HANDLER

Name:	_____	Address:	_____
Phone:	_____	City:	_____
E-mail:	_____	State, Zip:	_____

HIPAA OFFICER (if applicable)

Name:	_____	Address:	_____
Phone:	_____	City:	_____
E-mail:	_____	State, Zip:	_____

OTHER

Name:	_____	Address:	_____
Phone:	_____	City:	_____
E-mail:	_____	State, Zip:	_____

If you have questions/concerns, please email the finance department: finance@sccwi.gov