Attachment C

01/2022	CITY OF SOUTH SAN FRANCISCO **Vendor Verification Form**	

TYPE OR PRINT INFORMATION CLEARLY

Legal Name of Company (as recorded with the IRS)	Doing Business as (DBA) if applicable:
BRAUN NORTHWEST, INC.	
Physical Address: (required) 150 NORTH STAR DRIVE Number Street Name CHEHALIS, WA 98532 City, State and Zip Code	Remittance address (if different from address): PO BOX 1204 Number Street Name CHEHALIS, WA 98532 City, State and Zip Code
Business Phone (360) 748-0195	Fax (360) 748-0256

Principal Contact: BOBBY CHAMBERS

Business Phone: (707) 804-8832 Email address: bobbychambers@braunnorthwest..co

Taxpayer Identification Number	EXEMPTION: Exempt from 1099 Reporting? ◯Y ◉N If Yes, select from qualifying exemption reason below: ◯ Corporation except there is no exemption for medical, healthcare & legal service payments ◯ Tax Exempt Charity under 501 (C)(3) ◯ The United States or any of its agencies ◯Other:
91-1344619	

Type of merchandise/Service Business Provided:

Manufacturer of Emergency vehicles

You will not be added to the vendor database without the W-9 form. A copy of the Form W-9 is available on the IRS website at: https://www.irs.gov/pub/irs-pdf/fw9.pdf.

Sign Here:	Melaina Witchey/Accounts Receivabl		4/21/2023
	Printed name and title	Signature	Date

Please return completed forms to City of South San Francisco, PO Box 711 South San Francisco, CA 94083 or send via email to newvendor@ssf.net

Finance Use only:	New Vendor number:	
	Date Received:	W-9 Form attached: