Request for AU Tax Exemption Certificate or W-9

	DATE:		
	Tax Exemption	OR	W-9
AU INFORMATION Employee Name:			
Department:			
Address:			
	HERE TO SEND THE FORM:		
VENDOR INFORMATION	<u>ON</u>		
Company Name:			
Address:			
	:		
OR			
Vendor Fax Number:			
REFERENCE # (any ava	ailable)		
Account:			
Customer:			
Invoice:			
Order:			
0.0			
OR			
Scanned Attachment(s)		
Is this purchase for re	sale?Yes		No

Please email the completed form to taxcert@auburn.edu.