



Supplier Profile Information and Form W-9

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Remit to Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E - Mail Address _____

1. Business or Individual Classification (Check all that apply)

- Large Business Small Business Foreign Non-Profit Educational institution
- Veteran-Owned Disable Veteran HUBZone Govt. Agency or Govt. Certification #
- Women Owned Owned Certification Entity (if Applicable)
- Minority Owned

2. Ownership Status

- Minority Women Disabled Vet. Disabled Minority/Women
- Non-Minority/Non-Women

3. Ownership Ethnicity

- Black Caucasian Hispanic Asian-Pacific Asian-Indian Native American
- Other _____

4. Number of Full Time W-2'd Employees

- 1-2 3-10 11-50 51-100 101-1000
- 1000+

5. Annual Sales Volume in Dollars (Thousands)

- <25 25-100 101-500 501-1,000 1,001-5,000
- 5,001-10,000 10,001-50,000 50,001-100,000 >100,000

6. Type of Ownership

- Sole Proprietor Partnership Corporation LLC Other

7. Type of Withholding Tax Exemption

- Corporation Tax Exempt US or Any of it's Foreign Gov't/Political
- N/A Charity/IRA Agencies/Instruments Subdivision
- Independent Contractor

8. Have you been notified by the IRS that you are currently subject to backup withholding?

YES NO

9. Business Type

Desk Top Services Engineering Manufacturing Marketing Software
 GIS/Networking Telecommunications People Services Independent Contractor Other

10. Type of Currency Needed for Payment _____

11. Enter Type of Service/Goods Provided to Affymetrix

12. Tax payer identification number (FEIN or SSN) _____

13. Do You Accept Visa/ MC? _____

14. North American Industry Classification System (NAICS) <http://www.naics.com/search.htm>

15. Do you agree to comply with all applicable state and federal Equal Opportunity Employer laws and regulations?

I certify under penalty that the information I have provided is correct. The Supplier by its signature affixed hereto declares under penalty of perjury that this information contained herein is true and correct (Government regulations). I certify under penalty of perjury that the Tax Identification Number I have provided is correct (*IRS regulations*).

Print Name _____ Print Title _____
Signature _____ Date: _____ Phone: _____

FOR PURCHASING USE ONLY

PURCHASING ORG
PURCHASING AGENT

ACCOUNT GROUP
COMPANY CODE

TERMS