

Vendor Profile Form and Substitute W-9 Form

Failure to accurately complete the information below might result in delayed payment.

1. Vendor Profile

Company Legal Name: _____

DBA: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact name: _____ Email: _____

(If applicable): Parent Company Name & TIN: _____

Subsidiary Name & TIN: _____

Payment terms as stated in contract: _____

Are your employees represented by a Collective Bargaining Agreement?

☐ YES ☐ NO If Yes, Name: _____

Does Vendor Use: ☐ Electronic Data Interchange ☐ Evaluated Receipt Settlement

2. Ordering & Remit to Address(es) if Different from above

REQUIRED

Ordering

Address: _____

City, State, Zip: _____

Email Address: _____

Contact Person: _____

Phone: _____

Fax: _____

Remit to

Address: _____

City, State, Zip: _____

Email Address: _____

Contact Person: _____

Phone: _____

Fax: _____

3. Tax Payer Identification Substitute W-9

Taxpayer identification number and name:

TIN / EIN / SSN #

Legal Name for TIN/EIN/SSN # issued

Organization Type (check only one)

☐ Corporation

☐ Individual/Sole Proprietorship

☐ Attorney or Law Firm

State of Incorporation _____

☐ Partnership

☐ Other: _____

☐ Non-Profit

☐ Non-Resident Alien

If LLC, must select:

☐ Government Agency

Corporation, Partnership or
Individual/Sole Proprietorship

4. New Mexico State CRS

5. For-Profit Entities (Only) *

- ☐ Hispanic American ☐ Black American ☐ Asian Pacific American ☐ Native American
☐ Subcontinent Asian American ☐ Women Owned ☐ Other _____

BUSINESS SIZE: Check Large or Small Business

- ☐ Large Business
☐ Small Business Per Section 3 of the Small Business Act (15 usc 632)

Small Business Categories (check all that apply)

- ☐ **Small Disadvantaged:** ** Concern that is at least 51% owned by one or more individuals who are both socially and economically disadvantaged:
- ☐ **Woman Owned:** Concern that is at least 51% owned, controlled and operated by a woman or women
- ☐ **HUBZone Small:** ** Concern certified as a HUBZone business by SBA
- ☐ **Veteran Owned Small:** ** A small business concern that is at least 51% owned by one or more veterans (as defined in 38 USC 101 (2)), or in the one case of any publicly owned business, at least 51% of the stock is owned by one or more veterans,
- ☐ **Service Disabled Veteran-Owned Small:** ** A small business concern that is at least 51% owned by one or more disabled veterans (as defined in the 38 USC 101 (16)), or in the one case of any publicly owned business, at least 51% of the stock is owned by one or more service disabled veteran.

* To find out if you qualify as a small business per section 3 of the Small Business Act (15 USC 632), go to <http://www.sba.gov/size/indexsize.html>

** Certifications from the SBA are necessary for HUB-zone businesses.

6. Non-Profit Organizations (Only)

- ☐ Educational Institute ☐ Not-for-Profit Institute (Non-educational) ☐ Federal Government Agency
☐ Other Government Agency: ☐ Local ☐ State ☐ Tribal

7. Vendor Industry Classification

Product or Service Description

NAICS Code _____ Dun & Bradstreet _____

1. To find a complete listing of NAICS codes visit, <http://www.census.gov/epcd/naics02/naicod02.htm>

8. Electronic Payment Enrollment Authorization

(PNM preferred method of payment is Credit Card or ACH)

Please choose: ☐ Credit Card ☐ ACH e-mail: _____

(remittance email required for all electronic payments)

Financial Institution Information

Name: _____

Address: _____

Nine Digit Routing Number

Depositor Account Number: _____

Type of Account: ☐ Checking ☐ Savings ☐ Other

I hereby authorize PNMR to automatically deposit payments into the account listed above. I verify that the information provided on this form is correct and that PNM may rely on it.

Authorize Signature: _____ Date: _____

Title: _____

REQUIRED

Under Penalties of Perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because:
 - a) I am exempt from backup withholding, or
 - b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c) The IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. Citizen (including a U.S. resident alien)
4. All information on this form is accurate and complete

You must cross out item 2 about if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Signature: _____ Printed Name: _____
 Title: _____ Date: _____ Phone Number: _____

Please return completed form to: PNMR, Corporate Hdqtrs, Accts Payable, Albuquerque, NM 87158-1055
 (505) 241-2700, (505) 843-0120 F, or PSVendor@pnmresources.com

Invoice Requirements: (Failure to provide accurate information might result in delay of payment)

A Purchase order, contract or 4-digit department number must be referenced on all invoices.

It is the vendor's responsibility to notify PNMR of any changes that affect the information submitted in this form.

Notice: Under 15 U.S.C. 645(D), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal Law that specifically references section 8(d) for a definition of program eligibility, shall: (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act.

PNM, PNMR and TNMP REQUIRED INFORMATION FOR VENDOR SET UP
(This information must be included on form before sending to vendor to complete)

Employee requesting vendor set up: _____
 Name (please print) _____ Phone Number _____

Vendor Type: ☐ Passport ☐ ePro ☐ PeopleSoft