



High School Partner Information Form

Gateway Technical College
 Business Office - Billing
 3520 30TH Avenue
 Kenosha, WI 53144
 Tel: 262-564-2756 Fax: 262-564-2831

Gateway Technical College requires a Federal Tax Identification Number for all entities doing business with the college, in order to comply with federal regulations and tax reporting requirements.

To ensure you or your school remains in our active vendor file, **please complete and return to herrmannnd@gtc.edu or hansonf@gtc.edu. Timely return of this form will assist Gateway Technical College in processing invoices more efficiently.**

Gateway Technical College emails invoices to our partners. Please ensure that your server accepts securely encrypted emails with attachments.

Thank you for your trusting us to provide first-class education to your students. We look forward to a successful partnership.

Note: All information is required to have active status with Gateway Technical College

High School Name _____
 School District Name _____

Entity Type (choose one): Individual Partnership Non-Profit
 Sole Proprietor Corporation Other-Specify: _____

Taxpayer Identification: FEIN Number _____

Local Mailing Address:

 Contact Name

 _____ _____ _____
 Mailing Address City, State Zip

 _____ _____ _____
 Contact E-mail Phone Ext.

 _____ _____
 Contact's Title Fax

Accounts Payable Information:
(Who should receive the invoice?)

 _____ _____
 Accounts Payable Contact Name Accounts Payable Manager Contact Name

 _____ _____
 Accounts Payable Contact E-mail Accounts Payable Manager Contact E-mail

 _____ _____
 Accounts Payable Phone Number (include area code) Accounts Payable Mgr Phone Number (include area code)

District Office Information

 _____ _____ _____
 Controller or Business Manager Name City, State Zip

 _____ _____ _____
 E-mail Phone Ext.

 _____ _____
 Mailing Address Fax

Certification: I hereby certify, under penalties of perjury, that the number shown on this form is my correct taxpayer identification number or I am awaiting a number to be issued to me.

 _____ _____ _____
 Printed Name Signature Date