WAILEA BEACH RESORT
MARRIOTT MAUI

# Vendor Validation Form

**Name:** _____
(as shown on income tax return)

**Business Name:** _____
(DBA, if different from above)

**Phone Number:** _____ Fax Number: _____

**Remittance Address:** _____

**City:** _____ **State:** _____ **Zip**:_____

**Email:** _____

**Select the appropriate choice for federal tax classification**

○ **Individual/sole proprietor** ○ **S Corporation** ○ **C Corporation** ○ **Partnership**

○ **Trust/estate** ○ **Limited Liability Company** ○ **Other**

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**Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). The TIN provided must match the name as shown on your income tax return.**

**** NOTE: Payments will be held until a valid TIN is received ****

| Employer Identification Number | Social Security Number |
|---|---|
| | |

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**Bank Account Details: Bank Name:** _____

**Routing Number:** _____ **Bank Account Number:** _____

**Bank Telephone:** _____

**Name of Second Person in your Organization:** _____

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**Certification: I certify that the information provided is accurate**

_____ _____ _____
**Name** **Signature** **Date**