



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 _____