

Texas Tech University Health Sciences Center El Paso

Agency Record Setup Form

Form Rev February 2017

New Fund (HG only) **Grant/Sponsorship Refund** (HG, AP) **SBS Refund** (HS, AP)

Date: _____ (vendor team use) **Banner record:** _____

Taxpayer ID (SSN-TIN): _____

Check appropriate box for federal tax classification:

Individual/sole proprietor

C Corporation

S Corporation

Partnership

Trust/estate

Limited Liability Company - Enter the tax classification (C=C corp, S=S corp, P=partnership) ▶ _____

Other: _____

Legal Name (as shown on IRS form): _____

Doing Business as Name (if different from above): _____

Address: _____

City, State, Zip _____

Phone: _____ **Fax:** _____

Contact Name: _____

Contact Email: _____
