

PLEASE PRINT OR TYPE	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address
	City, State, and ZIP code	American Heart Association NATIONAL CENTER 7272 Greenville Ave. Dallas, Texas 75231 FAX – 214-706-5238

Part I	Taxpayer Identification Number (TIN)																																									
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, contact the IRS, Department of the Treasury.	Social Security Number <table style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="10">OR</td> </tr> <tr> <td colspan="10">Employer Identification Number</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR										Employer Identification Number										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	List American Heart Assoc. location(s) you are intending to do business with:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																	
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Part II	Certification
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- Under penalty of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified of any 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.

Certification Instructions: You must cross out item **2 above** if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2 does not apply**. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Sign Here	Signature: _____	Date: _____
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Purpose of Form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, you must use a Form W-8 (certificate of foreign status).

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to IRS Form W-9

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you received will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not

subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding.

Penalties:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form is subject to rejection if not completed in its entirety.

AHA SUPPLIER PAYMENT OPTIONS

Please approve one form of payment by way of authorization below.

DIRECT DEPOSIT Electronic Funds Transfer

American Heart Association also offers Full Service Direct Deposit by way of Electronic Funds Transfer for payment to Suppliers. The EFT allows for payment, of funds posted directly to your account within 48 hours.

I hereby authorize AHA to deposit any amounts owed the organization I represent by initiating credit entries to my account at the financial institutions indicated on this form. I authorize the financial institution to accept and to credit any credit entries indicated by AHA to accounts. In the event that AHA deposits funds erroneously into the listed account, I authorize AHA to debit my account not to exceed the original amount of the erroneous credit.

Printed Name: _____ Title: _____

Signature: _____

Financial Institution: _____

Account Number: _____

Transit / Routing Number: _____

Communication regarding ACH transactions should be communicated to:

Printed A/R Contact Name: _____

Contact Email: _____ Contact Phone: _____

CHECK PAYMENT

American Heart Association processes check payments twice a week on Tuesday & Thursday. Please allow 4-5 working days for receipt United States Postal Service (USPS)

I hereby authorize American Heart Association to process payments owed the organization I represent by way of bank check.

Printed Name: _____ Title: _____

Signature: _____

This authorization is to remain in full force and effect until American Heart Association and the Financial Institution have received written notice from me of its termination in such manner as to afford AHA and the Financial Institution reasonable opportunity to act on it.