

Purse Authorization



ATTN: Accounts Payable
 PO Box 5013
 Monticello, NY 12701
 845-428-7200 Ext. 1502
 FAX – 845-428-7299

Note: Before your check can be released, **you must complete and sign the following form along with IRS Form W-9 or Form W-8ECI** (if non-U.S. resident). Failure to provide a valid U.S. tax ID number may result in an IRS penalty.

 USTA # First Name & Middle Initial Last Name or Company Name

Stable Stable Name (if used)
 USTA #

Street Address City State Zip Code + 4

U.S. Social Security Number:

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U.S. Employer ID Number:

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Select one payment option:

- Mail checks to the above address
- Checks will be picked up by myself or:
 (If other than owner, this form must be notarized)

Contact Information:

Main phone number

Alternate phone number

E-mail address

Check all that apply: Owner Trainer Driver

Additional owners: _____

Signature Date