

Universal Direct Sales, LLC

W-9 SUBSTITUTE

In accordance with Internal Revenue Service regulations, we are required to have on file, the following information on all individuals and businesses to which we pay a commission.

Name:
SSN or EIN:

Address:
City: State: Zip:

I/We are :

Individual (Sole Proprietorship)
Corporation
Partnership
Other

By circling the letter below and under penalties of perjury, I certify that:

The number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the 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.

Independent Dealer Signature

Date

Print Name

File # _____

This form must be completed, signed and returned with a copy of all Parties Valid State Drivers Licenses. Originals MUST be received 5 days before closing.