

# EFT INFORMATION REQUEST

CEC / DUNS Number +Four		Licensing Section - United States Copyright Office TEL (202)707-8150 - FAX (202)707-0905 - www.copyright.gov/licensing	
SSN / TIN	<input type="checkbox"/>	Corporations or partnerships use Federal Taxpayer Identification Number (TIN)	
	<input type="checkbox"/>	Independent contractors or sole proprietors use Social Security Number (SSN)	
	<input type="checkbox"/>	Non-Foreign firms without TIN, do not enter number	
<b>VENDOR TYPE</b>			
<input type="checkbox"/> 1. Employee	<input type="checkbox"/> 2. Federal	<input type="checkbox"/> 3. Nonfederal	
<b>TYPE OF BUSINESS</b>			
<input type="checkbox"/> 1. Small Disadvantaged Business	<input type="checkbox"/> 7. Other Nonprofit Organization	<input type="checkbox"/> 13. Federal Government - Within Bureau	
<input type="checkbox"/> 2. Other Small Business	<input type="checkbox"/> 8. State/Local Government Education	<input type="checkbox"/> 14. Foreign Contractor	
<input type="checkbox"/> 3. Large Business	<input type="checkbox"/> 9. State/Local Government Hospital	<input type="checkbox"/> 15. Domestic Contractor	
<input type="checkbox"/> 4. Sheltered Workshop	<input type="checkbox"/> 10. Other State/Local Government	<input type="checkbox"/> 16. Woman Owned Business	
<input type="checkbox"/> 5. Nonprofit Educational Organization	<input type="checkbox"/> 11. Federal Government - Non Dept.	<input type="checkbox"/> 17. Minority Owned Business	
<input type="checkbox"/> 6. Nonprofit Hospital	<input type="checkbox"/> 12. Federal Government - Within Dept.	<input type="checkbox"/> 18. Emerging Small Business	
Name of Business or Individual		Alternate Name/Doing Business As	
Primary Contact Name		Telephone Number	E-mail Address
Financial Contact Name		Telephone Number	E-mail Address
<b>SIC CODE</b>	<b>PRIMARY BUSINESS PRODUCT</b>		
<b>MAILING ADDRESS</b>			
Address			
City		State	Zip Code
Telephone Number		Fax Number	
<b>REMITTANCE ADDRESS (complete only if different than the address above)</b>			
Address			
City		State	Zip Code
Telephone Number		Fax Number	
<b>ACH FINANCIAL INSTITUTION INFORMATION</b>			
Financial Institution Name		Routing/ABA Number	
Account Number	TYPE	<input type="checkbox"/> Corporate Checking <input type="checkbox"/> Personal Checking	<input type="checkbox"/> Lockbox <input type="checkbox"/> Savings
City	State	Zip Code	Country
Account Title (if different than name of business or individual)			
<b>CERTIFICATION OF INFORMATION</b>			
I understand that the Library of Congress will make payments by ACH financial institution information.			
Name		Title/Position	Telephone Number
Signature		Date	
<b>FOR LICENSING SECTION ONLY</b>			
Legal Name (As on statement of account)		ID#	
Period		Type	

Privacy Act Notice: Section 111, section 119 and chapter 10 of title 17, United States Code, authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form. PII is any personal information that can be used to identify or contact an individual, such as names, addresses and telephone numbers. The Copyright Office collects this PII in order to process your refund. By providing your PII, you are agreeing to the routine use of it for this purpose. The effects of not providing the PII requested here is that it may delay sending your refund.