



ASSOCIATED STUDENTS, CALIFORNIA STATE UNIVERSITY, LONG BEACH

# W-9 REQUEST FORM

**Organization Information:**

Your Name (print)	Department/Organization	Date
Your Phone #	Your email address	

**Business Information:**

Business Name		
Business Contact Person Name	Telephone Number	
Business Fax #	Business Email	
Mailing Address		
City	State	Zip
Date of Event		

*Submit form to:*

Christina Limon-Lara, Development Associate, Associated Students, [climonla@csulb.edu](mailto:climonla@csulb.edu)  
1212 Bellflower Blvd., Suite 313B, Long Beach, CA 90815 Tel: 562-985-2402 Fax: 562-985-2082



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