

XCEL ENERGY SERVICES INC
PUBLIC SERVICE COMPANY OF COLORADO
SOUTHWESTERN PUBLIC SERVICE COMPANY
NORTHERN STATES POWER – WI, NORTHERN STATES POWER –MN
HAYDEN OPERATING AGENT

	Internal Use Only
ORDER FROM V/C	
REMIT TO V/C	
DUPLICATE V/C CHECK	
VENDOR VALIDATION	

Supplier Information Form Order From Address Company Address City State Contact Phone Fxt **Email** Web Site Fax SIC/NAICS Dun & Bradstreet (DUNS)# Small Business? Yes No You are providing: Wholesale ☐ Retail ☐ Manufacturing ☐ Service Provider ☐ (mark all that are applicable) Diversity-Owned Business? Yes \(\square\) No \(\square\) If yes, please click on the link below to register http://www.xcelenergy.com/XLWEB/CDA/0,3080,1-1-1_18554_15553_18304-9684-2_75_153-0,00.html Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall- (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act. Invoice Remit To Company Payee Name Address City State Zip Contact Phone Fax **Discount Terms** % days Net Xcel Energy Policy Net Terms 30 unless discount is given Are you or any of your employees, an employee of Xcel Energy or any of its subsidiaries? Yes Are you or any of your employees, related to an employee of Xcel Energy or any of its subsidiaries? Yes Nο W9 Information The Internal Revenue Service (IRS) requires us to report the total amount of services, interest, rents, conversion incentives and certain other payments paid to each vendor or customer during a calendar year. Check one: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other Incorporated in the State of: Are you exempt from backup withholding? ☐ Yes ☐ No Federal Tax ID # ☐ Manufacturer ☐ Vendor ☐ Both Social Security # (if applicable) Name and Address exactly as you will file with the IRS: (If different than above)

If you fail to provide us with your taxpayer identification number you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, payments that we make to you may be subject to backup withholding at a rate of 31%. Be sure to provide us with the correct name and number in which you will be filing your Federal Income Tax return. You must be consistent with the name and tax ID number that you furnish to us for all of your accounts and to your other payers in order to avoid 31% withholding from your future payments.

Signature _____ Date____

FAX TO: 303.628.2703 Revised 12/6/07