



# Southwestern Community College District

## Vendor Information Form

Office of Procurement, Central Services & Risk Management

In order to process any type of payment and issue a purchase order, your organization or company information must be added or verified in our system. Please complete this Vendor Information form and return promptly via fax to (619) 482-6323 or via email to purchasing@swccd.edu. If further assistance is needed, please contact Rosa Gonzalez at (619) 482-6562.

### PLEASE PRINT OR TYPE

Company/Organization Name: \_\_\_\_\_

Other Names(s) Organization is "Also Known As" (AKA): \_\_\_\_\_

Is your Company a Corporation? (If other, please specify): \_\_\_\_\_

Provide One of The Following:

Federal Tax I.D.: \_\_\_\_\_ Employer I.D.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

(THE COMPANY/ORGANIZATION W-9 FORM NEEDS TO ACCOMPANY THIS VENDOR INFORMATION FORM)

Contractor License No.: \_\_\_\_\_ Contractor License Type: \_\_\_\_\_

Company/Organization Type of Service or Commodity: \_\_\_\_\_

Mailing Address Information: (Correspondence/Contracts/Purchase Orders/Payment Checks)

Mailing Address	Payment Checks Mailing Address (if different from Mailing Address)
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Attention To: _____	Attention To: _____

Company's Primary Telephone Number: \_\_\_\_\_

Company's Fax Number: \_\_\_\_\_

Accounts Receivable Primary Telephone Number: \_\_\_\_\_

Accounts Receivable Primary Contact: (please provide all contact information listed below)

Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

(Include Extension if Applicable)

### BUSINESS CERTIFICATION INFORMATION:

Business Certification	Check all that apply	Certifying Agency	Certification Number
Small Business Enterprise (SBE)			
Minority-Owned Business Enterprise (MBE)			
Woman-Owned Business Enterprise (WBE)			
Disabled Veteran Business Enterprise (DVBE)			
Other Business Enterprise: _____			
None of the Above			

- A Copy of the Business Certification must accompany this form.