



# Southwestern Community College District

## Vendor Information Form

Office of Procurement, Central Services & Risk Management  
May 4, 2015

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](mailto:purchasing@swccd.edu). If further assistance is needed, please contact Rosa Gonzalez at (619) 482-6562 or [rgonzalez@swccd.edu](mailto:rgonzalez@swccd.edu)

### PLEASE PRINT OR TYPE

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

Other Names(s) Organization is "Doing Business As" (DBA): \_\_\_\_\_

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

Provide One of The Following:

Federal Tax I.D.: \_\_\_\_\_ Employer I.D.: \_\_\_\_\_

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

IF ENTITY IS A SOLE PROPRIETOR/INDIVIDUAL THEN PLEASE SUBMIT THIS FORM WITH SOCIAL SECURITY NUMBER ONLY TO ROSA GONZALEZ

Social Security No.: \_\_\_\_\_

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

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

For all Public Works Projects (Pursuant to Labor Code 1725.5 & 1771.1) Contractor DIR Registration Number: \_\_\_\_\_

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.
- In submitting this form, Vendor acknowledges to have read and agreed to the District's General Terms and Conditions as referenced in the District's web-site: [www.swccd.edu/procurement](http://www.swccd.edu/procurement)