



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 Know As" (AKA) or 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.: _____ Social Security No.: _____

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.