



**CARL  
SANDBURG  
COLLEGE**

Business Office  
2400 Tom L Wilson Blvd  
Galesburg, IL 61401  
Phone: (309) 341-5220  
Fax: (309) 344-3291  
naustin@sandburg.edu

## VENDOR APPLICATION FORM

Completed applications may be submitted in one of the following ways:

- E-mail: [naustin@sandburg.edu](mailto:naustin@sandburg.edu)
- USPS Mail, Carl Sandburg College – ATTN: Business Office
- Fax: (309) 344-3291, ATTN: Purchasing

- New Vendor Initial Application  
 Existing Vendor Information Update

### A. COMPANY INFORMATION

**Business Name or**

**Name or Individual:** \_\_\_\_\_

**Parent Company  
Name:**

\_\_\_\_\_

**Mailing Address:**

For Bid Specs, Orders,  
Contracts, etc.

\_\_\_\_\_

City

State

Zip Code

Name/Department

Phone

E-mail

**Payment Address:**

- Same as Mailing  
Address

\_\_\_\_\_

City

State

Zip Code

Name/Department

Phone

E-mail

**Website:**

\_\_\_\_\_

**Taxpayer ID  
Number (TIN)**

\_\_\_\_\_

Social Security Number / Employer Identification Number / Federal EIN

[www.sandburg.edu](http://www.sandburg.edu)

*Carl Sandburg College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.*



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**B. COMPANY CONTACTS**

	<b>Name</b>	<b>Phone/extension</b>	<b>E-mail</b>
<b>President</b>	_____	_____	_____
<b>Bid/Quote Contact</b>	_____	_____	_____
<b>Contracts Contact</b>	_____	_____	_____
<b>Payments Contact</b>	_____	_____	_____

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**C. MBE, FBE, PBE, SBE and VOB CERTIFICATION (optional, if applicable)**

<input type="checkbox"/> Certified Minority Business Enterprise (MBE)	<b>Ethnicity:</b>	<input type="checkbox"/> African American
<input type="checkbox"/> Certified Female Business Enterprise (FBE)		<input type="checkbox"/> Hispanic
<input type="checkbox"/> Certified Persons with Disabilities Business Enterprise (PBE)		<input type="checkbox"/> Asian
<input type="checkbox"/> Certified Small Business Enterprise (SBE)		<input type="checkbox"/> American Indian
<input type="checkbox"/> Certified Veteran-Owned Business (VOB)		<input type="checkbox"/> Other: _____

If you checked any of the boxes in C, you are **required** to submit a **current letter of certification** with this application.

**D. TAX INFORMATION**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Tax Reporting Name	_____

You are **required** to submit a completed **W-9** with this application.

**E. COMMODITIES: LIST TYPES OF PRODUCTS AND SERVICES PROVIDED**

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**F. VENDOR TERMS & SIGNATURE**

Check each box and sign application (typed name represents signature).

- All purchasing must follow the laws of the State of Illinois and the Illinois Public Community College Act as well as Board Policy of Carl Sandburg College.
- I hereby certify that the information supplied herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
- If any of the vendor information on this form changes, the vendor must complete a new form indicating "Existing Vendor Information Update."

Sign this vendor application by entering your name and date below.

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Typed Name as Signature

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Title

---

Date

---

Phone

---

E-mail

Business Office Only:

approved signature:

approved date:

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