



VENDOR APPLICATION FORM

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

- E-mail: 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
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Name/Department	Phone	E-mail
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Payment Address: _____

- Same as Mailing Address

City	State	Zip Code
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Name/Department	Phone	E-mail
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Website: _____

**Taxpayer ID
Number (TIN)** _____

Social Security Number / Employer Identification Number / Federal EIN



B. COMPANY CONTACTS

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

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

- | | | |
|--|-------------------|---|
| <input type="checkbox"/> Certified Minority Business Enterprise (MBE) | Ethnicity: | <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



**CARL
SANDBURG
COLLEGE**

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

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.

Typed Name as Signature

Title

Date

Phone

E-mail

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.