



Supplier Information Form

Date _____

Instructions: Please provide information about your company as indicated. Submit completed form by email to businessservices@sbccd.edu with a completed IRS W-9 form

Please note this is a companion form to the IRS's form W-9, the Name on this form must match name on the W-9 companion form

1. Company Name & Mailing Address

(for quotes & purchase orders)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

County/Parish: _____

Phone Number: _____

Fax Number: _____

E-mail Address _____

2. Payment Mailing Address: (if different from previous)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

County/Parish: _____

Phone Number: _____

Fax Number: _____

Optional

3. Electronic Payment Information - For direct deposit of payments. Must include a copy of Canceled Check or letter from your Banking Institution

Name of Financial Institution _____

Account Number: _____ Routing Number _____

4. On the Submitted W9, is Supplier listed as Individual/Sole Proprietor or Single-Member LLC? Yes No

If No, Please skip to section 5.

If Yes, please complete the following: This information is **required** by the State of California Employment Development Department

Owners Name: _____

Owners Social Security number: _____

5. For all Public Works Suppliers: i.e. work on public buildings or landscape over \$1,000; repair, maintenance, construction, etc.

This field is required, only for Public Works Suppliers. **(If not a public works suppliers, please skip to section 6.)**

Department of Industrial Relations Number if Applicable (DIR#) _____

The Name of the Supplier DIR Number is listed under _____

General Contractor's License Number: _____

6. Persons authorized to sign bids, offers and contracts:

Name: _____ Position: _____ Phone: _____

7. Person to contact regarding sales or services:

Name: _____ Position: _____ Phone: _____

E-mail: _____