



# Supplier Information Form

Date \_\_\_\_\_

Instructions: Please provide information about your company as indicated. Submit completed form by email to [businessservices@sbccd.org](mailto:businessservices@sbccd.org) 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: \_\_\_\_\_