



# 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 W-9 form

1. Company Name & Mailing Address  
(for quotes & purchase orders)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

2. Payment Mailing Address  
(if different from previous)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

3. Electronic Payment Information - For direct deposit of payments. (Optional)

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. **(If not a public works suppliers, please skip to section 6.)**

Department of Industrial Relations Number if Applicable (DIR #) \_\_\_\_\_

The Name of the Suppler DIR Number is listed under \_\_\_\_\_

General Contractor's License Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

7. Person to contact regarding sales or services:

Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_