



Peralta Community College District

Purchasing Department
 333 E. 8th Street
 Oakland, CA 94606
 (510) 466-7225
 (510) 587-7873

RETURN COMPLETED VENDOR APPLICATION FOR PROCESSING TO: **PURCHASING DEPARTMENT**

VENDOR APPLICATION

<input type="checkbox"/> New Application	<input type="checkbox"/> Name and/or change of Address	Date: _____		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> 1. MAIN ADDRESS Applicators Name and Mailing Address for Bidding Forms and Purchase Orders: _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____ </td> <td style="width:50%; vertical-align: top;"> 2. REMIT-TO ADDRESS Mailing Address for Payments (<i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i>) _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____ </td> </tr> </table>			1. MAIN ADDRESS Applicators Name and Mailing Address for Bidding Forms and Purchase Orders: _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	2. REMIT-TO ADDRESS Mailing Address for Payments (<i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i>) _____ _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____
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3. TYPE of Organization (Check One)

<input type="checkbox"/> Goods (Taxable)	<input type="checkbox"/> Services (Non-Taxable)	<input type="checkbox"/> Goods/Services (Both)
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3(a) User Sales Tax Number: _____

3 (b) Business Type: (Check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Not for Profit	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	

4. FEI NUMBER (Check One)

<input type="checkbox"/> Federal Tax ID	Federal Tax ID # or SSN: _____
<input type="checkbox"/> Social Security Number	Federal Reportable for (1099) Yes _____ No _____ State Reportable for (1099) Yes _____ No _____

5. PERSON(s) TO CONTACT FOR BID OR QUOTES:

Name	Title	Telephone (include area code)
_____	_____	_____
_____	_____	_____

6. MINORITY STATUS:

Are You a MINORITY business? <input type="checkbox"/> Yes (<i>Please provide letters of Certification</i>) <input type="checkbox"/> No	Are You a WOMEN-OWNED Business? <input type="checkbox"/> Yes (<i>Please attach letters of Certification</i>) <input type="checkbox"/> No
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<input type="radio"/> Asian	<input type="radio"/> African-American	<input type="radio"/> Hispanic	<input type="radio"/> Disabled
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7. OTHER CERTIFICATIONS:

<input type="checkbox"/> SLBE (Small Local Business Enterprise)	<input type="checkbox"/> SLBE/DVBE (Small Local Business Enterprise/Disable Veteran Business Enterprise)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> SLEBE (Small Local Emerging Business Enterprise)		

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT,

_____ (Print or Type Name and Title) _____ (Signature)

FOR PURCHASING DEPARTMENT USE ONLY							
DATE REC'D	ENTERED	MAILED PT 2	NIGP CODES		1	2	