



**Solano Community College District**  
**Purchasing Office**  
**4000 Suisun Valley Road**  
**Fairfield, CA 94534**  
**Phone (707) 864-7167 E-fax (707) 646-2097**

PLEASE RETURN COMPLETED VENDOR APPLICATION TO: **PURCHASING OFFICE**

## VENDOR APPLICATION

<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Change Application</b>	<input type="checkbox"/> <b>Date:</b>
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<b>1. MAIN ADDRESS</b> (Legal Name and Address of Entity)    Phone: Fax: Email: Website:	<b>2. REMIT-TO ADDRESS</b> (Mailing Address for Payments <i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i> )    Phone: Fax: Email: Website:
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**3. CONTACT INFORMATION** (All Purchase Orders will be Faxed and/or Mailed to the Sales (Primary) Contact.)

CONTACTS	NAME/TITLE	EMAIL	TELEPHONE	FAX
Sales (Primary):				
Sales (Secondary):				
President/VP:				
Other Contact:				

**4. TYPE of FIRM** (Check One)

Goods Only (Taxable)                     
  Services Only (Non-Taxable)                     
  Non-Profit or Church

**5. TYPE of ORGANIZATION** (Check One)

Sole Proprietorship   
  Partnership   
  Corporation   
  Limited Liability Corporation   
  Non-Profit or Church

**6. TAX INFORMATION** (Check One and Provide Number)

Federal Tax ID \_\_\_\_\_ - \_\_\_\_\_                     
  Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**7. TYPE of CONTRACTOR** (Please specify the type that best depicts your company. ONLY Check One TYPE)

<input type="checkbox"/> A&E	<input type="checkbox"/> Advertising	<input type="checkbox"/> Asphalt/Concrete	<input type="checkbox"/> Automobile	<input type="checkbox"/> Construction
<input type="checkbox"/> Consultant	<input type="checkbox"/> Electrical	<input type="checkbox"/> Electronics	<input type="checkbox"/> Employee/Student	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Goods	<input type="checkbox"/> Hardware	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Painter
<input type="checkbox"/> Plumber	<input type="checkbox"/> Printer/Copying	<input type="checkbox"/> Roofer	<input type="checkbox"/> Scientific	<input type="checkbox"/> Security
<input type="checkbox"/> Service	<input type="checkbox"/> Software	<input type="checkbox"/> Surgical/Medical	<input type="checkbox"/> Telecom	<input type="checkbox"/> Temp Staffing
<input type="checkbox"/> Other _____				

**8. BUSINESS LICENSE NUMBERS** (Provide your Business License Number and any Contractor's License Numbers)

Business License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 California Contractor Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Other \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT.**

Name	Title	Date
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