



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"/> New Application	<input type="checkbox"/> Change Application	<input type="checkbox"/> Date: _____
1. MAIN ADDRESS (Legal Name and Address of Entity) _____ _____ _____ _____ 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: _____

3. CONTACT INFORMATION

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)
 Education or Government

5. TYPE of ORGANIZATION (Check One)

Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Corporation
 Education or Gov't

6. TAX INFORMATION (Check One and Provide Number)

Federal Tax ID _____ - _____

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. LICENSE NUMBERS (Provide your DIR Number and Contractors State License Board Number)

DIR Number _____ **Expiration Date** _____
 CSLB Number _____ **Expiration Date** _____

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT.

_____ _____ _____
Name **Title** **Date**