

SUPPLIER APPLICATION

- Completion of this form is required to collect information necessary for payment processing for goods/services rendered.
- A valid **2024 IRS Form W-9** is required for all new suppliers, except for **employees, students, or existing suppliers requesting an address change only.**
- Existing suppliers requesting a **name change** are subject to submitting a valid Form W-9.

<input type="checkbox"/> NEW SUPPLIER <input type="checkbox"/> EXISTING SUPPLIER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT			
SUPPLIER INFORMATION			
Legal Business Name			
Doing Business As (DBA)			
PHYSICAL ADDRESS (MAILING)		PAYMENT REMITTANCE ADDRESS	
<input type="checkbox"/> Change of Address		<input type="checkbox"/> Same as mailing address	
Address: _____		Address: _____	
Address: _____		Address: _____	
City: _____ State: ____ Zip: _____		City: _____ State: ____ Zip: _____	
Purchase Order (PO) Delivery Email Address			
Primary Contact Name			
Primary Contact Title			
Primary Contact Phone Number			
Description of Commodity		<input type="checkbox"/> Goods <input type="checkbox"/> Services	Are your products or services taxable in CA? ____

BUSINESS CERTIFICATION INFORMATION			
Business Certification	Check all that apply	Certifying Agency	*Certification number
Small Business Enterprise (SBE)	<input type="checkbox"/>		
Minority-Owned Business Enterprise (MBE)	<input type="checkbox"/>		
Woman-Owned Business Enterprise (WBE)	<input type="checkbox"/>		
Disabled Veteran Business Enterprise (DVBE)	<input type="checkbox"/>		
Other Business Enterprise	<input type="checkbox"/>		
None of the above	<input type="checkbox"/>		

The District requires Net 30 Payment terms when placing orders. If your company requires credit terms to be established, please notify the SDCCD Purchasing and Contracts department at purchase@sdccd.edu or 619.388.6562.

COMPLETE THE FOLLOWING (If applicable):

_____ Federal Tax Form W-9 (2024 version)