



Purchasing Department
411 Central Avenue * Salinas CA 93901
P: 831.770.6129 * F: 831.759.6047
purchasing@hartnell.edu

Vendor Information Form

All sections must be completed. An incomplete form will delay processing.

Provider of:

Goods

Services - **not** on District property (also required: copy of Business License)

Services - on District property (also required: copy of Business License and Certificate of Insurance*)

Catering Services (also required: copy of Business License and Certificate of Insurance*)

* The Certificate of Insurance must be for no less than \$1,000,000 dollars each occurrence, the Certificate Holder field must read "Hartnell Community College District, 411 Central Avenue, Salinas CA 93901", the Description of Operations field may be general or project specific, and the certificate must include the Additional Insured endorsement that amends the policy.

W-9 Information:

Name (as shown on income tax return)

Business Name (if different from above)

Address

City

State

Zip

Employer Identification Number (EIN)

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OR

Social Security Number (SSN)

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Additional Information:

Toll-Free Phone ()

Phone ()

Fax ()

Customer Service email:

Disabled Veteran Owned

LGBTQIA+ Owned

Local Business

Minority Owned

Small Business

Woman Owned

N/A

Remittance Address:

same as above

Address

City

State

Zip

The undersigned certifies that the above information is true and correct.

Signature

Date

Printed Name

Title

FOR OFFICE USE ONLY:

Requesting Dept: _____

Dept Contact/ext: _____

Business License

Certificate of Insurance / HHIA

10V - BL - COI - DBA - FSV - HH

Vendor# 0

SAM

Escape

Mercury Commerce