



**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)   -

OR

Social Security Number (SSN)    -   -

**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: \_\_\_\_\_ Business License \_\_\_\_\_ Vendor# **0**  
 Dept Contact/ext: \_\_\_\_\_ Certificate of Insurance / HHIA \_\_\_\_\_ Escape  
 \_\_\_\_\_ 10V - BL - COI - DBA - FSV - HH \_\_\_\_\_ SAM \_\_\_\_\_ Mercury Commerce