



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.
 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 () _____

Email Address (for Purchase Orders): _____

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# <u>0</u>
Dept Contact/ext: _____	Certificate of Insurance / HHIA _____	Escape _____
_____ / _____	10V - BL - COI - DBA - FSV - HH _____	SAM _____ USD _____ ESM _____