



Peralta Community College District
 Purchasing Department
 333 E. 8th Street
 Oakland, CA 94606
 Phone (510) 466-7225 Fax (510) 587-7873

RETURN COMPLETED VENDOR APPLICATION FOR PROCESSING TO: **PURCHASING DEPARTMENT**

VENDOR APPLICATION

New Application Change Application

Date: _____

1. MAIN ADDRESS (Legal Name and Address of Entity)

 Phone: _____
 Fax: _____
 Email: _____
 Website: _____

2. REMIT to ADDRESS (Mailing Address for Payments
 COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS)

 Phone: _____
 Fax: _____
 Email: _____
 Website: _____

3. CONTACT INFORMATION (All Purchase Orders Will Be Faxed and or Mailed to the Sales (Primary) Contact.)

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) Good and Services

5. TYPE of ORGANIZATION (Check One)

Sole Proprietorship Partnership Corporation Limited Liability Corporation Non Profit or Church

6. TAX INFORMATION (Check One and Provide Number)

Federal Tax ID _____ Social Security Number _____

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	<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"/> Student	<input type="checkbox"/> Surgical/Medical	<input type="checkbox"/> Telecom
<input type="checkbox"/> Temp Staffing	<input type="checkbox"/> Other _____			

8. BUSINESS LICENSE NUMBERS (Provide your Business License Number and any Contractors License Numbers)

Business License Number _____ Expiration Date _____
 California Contractor Number _____ Expiration Date _____
 Other _____ Expiration Date _____

9. CERTIFICATIONS (Does your business qualify under PCCD's Small Local Business Enterprise Program. See program guidelines.)

Yes I am a SLBE (Small Local Business Enterprise) Yes, I am SELBE (Small Local Emerging Business Enterprise) None

10. NIGP CODES (Please review the attached Commodity Class ID listings and write in below the Code(s) that best suit your company.)

Codes: _____

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT,

Signature _____

Name/Title _____

Date _____