



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

<input type="checkbox"/> New Application		<input type="checkbox"/> Change Application		Date: _____	
1. MAIN ADDRESS (Legal Name and Address of Entity) _____ _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____			2. REMIT to ADDRESS (Mailing Address for Payments <i>COMPLETE ONLY IF DIFFERENT FROM MAIN ADDRESS</i>) _____ _____ _____ 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)					
<input type="checkbox"/> Goods Only (Taxable)		<input type="checkbox"/> Services Only (Non-Taxable)		<input type="checkbox"/> Good and Services	
5. TYPE of ORGANIZATION (Check One)					
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
		<input type="checkbox"/> Limited Liability Corporation		<input type="checkbox"/> Non Profit or Church	
6. TAX INFORMATION (Check One and Provide Number)					
<input type="checkbox"/> Federal Tax ID _____ - _____			<input type="checkbox"/> Social Security Number _____ - _____ - _____		
7. TYPE of CONTRACTOR (Please specify the type that best depicts your company. <u>ONLY Check One TYPE.</u>)					
<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)					
<input type="checkbox"/> Business License Number _____		Expiration Date _____			
<input type="checkbox"/> California Contractor Number _____		Expiration Date _____			
<input type="checkbox"/> Other _____		Expiration Date _____			
9. CERTIFICATIONS (Does your business qualify under PCCD's Small Local Business Enterprise Program. See program guidelines.)					
<input type="checkbox"/> Yes I am a SLBE (Small Local Business Enterprise)		<input type="checkbox"/> Yes, I am SELBE (Small Local Emerging Business Enterprise)		<input type="checkbox"/> 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,					
_____		_____		_____	
<i>Signature</i>		<i>Name/Title</i>		<i>Date</i>	