

Ventura County Community College District

PURCHASING DEPARTMENT

255 W Stanley Drive, Suite 150, Ventura, CA 93001

Tel: (805)652-5500 ♦ Fax: (805)652-7700

VENDOR INFORMATION and REQUEST FOR TAXPAYER IDENTIFICATION NUMBER FORM W-9

1. Individual's Name, Company Name and DBA (if applicable). Mailing Address (s): Name as shown in Tax Identification issue certificate: Name: _____ Business Name(s) if different from above, must match W-9: (DBA or AKA) _____ Physical Address: _____ Address to mail PO's if Different: _____ Contact Name: _____ Phone No: _____ Fax No: _____ E-Mail: _____ Website: _____ Business License Number _____ City & State License Issued _____ Caterers and Food Trucks - Permit #: _____ from County: _____ <i>Provide Copy</i>	2. Remittance Address (If Different from Item 1): <input type="checkbox"/> Mail Check or <input type="checkbox"/> ACH Deposit (<i>Preferred method of Payment</i>) <i>Invoice payable name must match the name on VCCCD Purchase Order</i> Name: _____ Address: _____ Contact Name: _____ Phone No: (____) _____ Fax No: (____) _____ E-mail Address: _____ 2a. Payment Terms: <input type="checkbox"/> Net30 <input type="checkbox"/> Discount: _____% _____ # days to pay 2b. For Direct Deposit Payments (ACH) (<i>Recommended</i>) ****For ACH please attach a voided Check**** <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Banking Institute Name: _____ Bank Routing No. _____ Bank Account No. _____
3. Does an employee or officer of the Ventura County Community College District own, partly own, operate or have a financial interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please provide the name of the Ventura County Community College District employee or officer who is affiliated with this business. _____
4. Name of Principal's, Owners, Officers _____ Print Name _____ Print Name _____ Print Name <i>Use additional sheet if more room is needed</i>	5. Affirmative Action (Check One): <input type="checkbox"/> Minority-Owned/Disadvantaged Business <input type="checkbox"/> Woman-Owned Business <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Disabled Veteran Enterprise <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the Above
6. Describe Type of Business, Product or Services: _____ _____	
7. Construction License # and Department of Industrial Relations (DIR) Registration # California Contractors License # _____ Classification _____ DIR Registration # _____ For more information regarding DIR required contractor registration for Public Works Projects, see www.dir.ca.gov	
8. Complete and return with the attached IRS Form W-9 (W-9 Instructions included for Vendors reference)	

Form 14023
Revised 3/2015

DISTRICT USE ONLY		
1099 Y/N	VENDOR I.D. Code:	DATE ENTERED:

RETURN THE COMPLETED FORMS TO THE ADDRESS SHOWN ABOVE or purchasing@vcccd.edu – NOTE: TAXPAYER SIGNATURE REQUIRED on W-9