



CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Vendor Profile Application

Return Completed Form to:

Contact Person Requesting Your Services

PLEASE TYPE OR PRINT.

For questions regarding this form or the application process, please contact the Purchasing Department at (925) 485-5230.

1. Vendor Name: _____ DBA (if any): _____ Check payable to _____	
2. This information must be supplied. If not , the application will be returned. W9 form Required. Federal ID Number _____ - _____ or Social Security Number _____ - _____ - _____ A. Federal Tax Classification <input type="checkbox"/> Individual/Sole Proprietor (S) <input type="checkbox"/> Joint Venture (J) <input type="checkbox"/> Partnership <input type="checkbox"/> Single-Member LLC <input type="checkbox"/> Corporation (C), State where incorporated _____ B. Is it a Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No , If yes provide Tax-Exempt Form C. Business Start/Incorporation Date ____/____/____	
3. Addresses A. <u>Primary/Mailing</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____ - _____ Email _____ B. <u>Order (for Purchase Orders, if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____ - _____ Email _____ C. <u>Remittance (for checks if different from above)</u> Street _____ City _____ Zip Code _____ Primary Contact Name _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____ - _____ Email _____	
4. Vendor Category <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Minority Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Women Owned	
5. Type of Business: Check the one which best describe your company: <input type="checkbox"/> Broker <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <u>Service</u> <input type="checkbox"/> Architect, Engineer, Construction <input type="checkbox"/> Professional <input type="checkbox"/> Other	
6. Sales Tax Collection <input type="checkbox"/> Collects all Sales/Use Tax for Alameda County <input type="checkbox"/> Collects Selected Taxes _____% <input type="checkbox"/> Does not collect Sales Tax California Seller or Use Tax Permit Number _____ Do you supply recycled products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Type of commodities or services that your business provides _____ _____	
8. Name of person completing the form Name _____ Title _____ Phone No. _____ Signature _____ Date _____ Email Address: _____	

DO NOT COMPLETE – For CLPCCD use only New Updated

Received by Purchasing on _____ VENDOR NO. _____