



Yosemite Community College District

Vendor Information Form

In order to process any type of payment and issue a purchase order, your organization or company information must be added or verified in our system. Please complete this Vendor Information form and return promptly to the person who requested it. If further assistance is needed, please contact Purchasing at (209)575-6522.

NOTE: The Company/Organization W-9 Form must accompany this Vendor Information Form.

PLEASE PRINT OR TYPE

Company/Organization Name:

Other Names(s) Organization is "Also Known As" (AKA) or Doing Business As (DBA):

Provide the Following:

EIN/TIN.: _____

Mailing Address Information: (Correspondence/Contracts/Purchase Orders/Payment Checks)

| Mailing Address | Payment Checks Mailing Address (if different from Mailing Address) |
|------------------------|---|
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Attention To: | Attention to: |

Company's Primary Contact Name:

Company's Primary Contact Email Address:

Company's Primary Telephone Number:

Accepts Net 30 Terms: Yes

No