

# VENDOR APPLICATION FORM

**NOTICE: \*COMPLETED W-9 MUST BE SUBMITTED WITH EVERY NEW VENDOR REQUEST.**

## STEP 1 – TAX INFORMATION

VENDOR NAME (if sole proprietor, please list name of owner and name of business):  ORDER ADDRESS:
REMITTANCE NAME (if different than vendor name listed above):  REMITTING ADDRESS (if different than order address listed above):
SALES CONTACT:  PHONE NUMBER:  FAX:
FEDERAL TAX CLASSIFICATION (select one): <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> CORPORATION  TAX IDENTIFICATION NUMBER (TIN from Part I on W-9): SSN: _____ or FEIN: _____  PURCHASE INFORMATION: <input type="checkbox"/> SERVICES, CONSULTANTS <input type="checkbox"/> GOODS/PRODUCTS (i.e. Supplies, Printing, Dues, Publications, Software, Advertising).

**\* PAGE 1 OF 2 \***

\* PURCHASING WILL PROCESS NEW VENDOR REQUESTS WHEN BOTH FORMS ARE RECEIVED.

Send completed form & W-9 to Purchasing Department, email to [purchasing@icc.edu](mailto:purchasing@icc.edu)

## STEP 2 – TYPE OF OPERATION (OPTIONAL, CHECK ALL THAT APPLY)

**MINORITY OWNED BUSINESS** – means a business which is at least 51 percent owned by one or more minority persons, or in the case of a corporation, at least 51 percent of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- A MINORITY OWNED BUSINESS
  - AMERICAN INDIAN OR ALASKA NATIVE
  - ASIAN
  - BLACK OR AFRICAN AMERICAN
  - HISPANIC OR LATINO
  - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- MINORITY OWNED BUT NOT CERTIFIED
- NOT APPLICABLE

**FEMALE OWNED BUSINESS** – means a business which is at least 51 percent owned by one or more females, or, in the case of a corporation, at least 51 percent of the stock in which is owned by one or more females; and the management and daily business operations of which are controlled by one or more of the females who own it.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- FEMALE OWNED BUSINESS
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- FEMALE OWNED BUT NOT CERTIFIED
- NOT APPLICABLE

**BUSINESS OWNED BY A PERSON WITH A DISABILITY** – means a business that is at least 51 percent owned by one or more persons with a disability and the management and daily business operations of which are controlled by one or more of the persons with disabilities who own it. A not-for-profit agency for persons with disabilities that is exempt from taxation under Section 501 of the Internal Revenue Code of 1986 is also considered a business owned by a person with a disability.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- BUSINESS OWNED BY A PERSON WITH A DISABILITY
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- BUSINESS OWNED BY A PERSON WITH A DISABILITY BUT NOT CERTIFIED
- NOT APPLICABLE

**OTHER** – (*Check where appropriate*):

- VETERAN OWNED SMALL BUSINESS  
CERTIFYING ORGANIZATION: \_\_\_\_\_
- SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS  
CERTIFYING ORGANIZATION: \_\_\_\_\_
- OTHER: \_\_\_\_\_

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