

Vendor Information Form

All sections must be completed. An incomplete form will delay processing.

Provider of:

- Goods
- Services - not on District property (also required: copy of Business License)
- Services - on District property (also required: copy of Business License and Certificate of Insurance*)
- Catering Services (also required: copy of Business License and Certificate of Insurance*)

* The Certificate of Insurance must be for no less than \$1,000,000 dollars each occurrence.
The Certificate Holder field must read "Hartnell Community College District, 411 Central Avenue, Salinas CA 93901".
The Description of Operations field may be general or project specific.
The certificate *must include* the Additional Insured endorsement that amends the policy.

W-9 Information:

Name (as shown on income tax return)

Business Name (if different from above)

Address

City _____ State _____ Zip _____

Employer Identification Number (EIN) - | | | | | | | |

OR

Social Security Number (SSN) - - |

Additional Information:

Toll-Free Phone () _____ Phone () _____

Fax () _____

Email Address (for Purchase Orders):

- Disabled Veteran Owned LGBTQIA+ Owned Local Business Minority Owned Small Business Woman Owned N/A

Remittance Address:

- same as above

Address

City _____ State _____ Zip _____

The undersigned certifies that the above information is true and correct.

Signature _____ Date _____

Printed Name _____ Title _____

FOR OFFICE USE ONLY:

Requesting Dept: _____ Business License _____ Vendor#
Dept Contact/ext: _____ Certificate of Insurance / HHIA _____ Escape
_____ / _____ 10V - BL - COI - DBA - FSV - HH _____ SAM _____ USD ESM