

SUPPLIER ID

SUPPLIER INTAKE FORM

- NEW SUPPLIER:** Complete **ALL** information below and include a completed W-9 form.
- EXISTING SUPPLIER:** Enter Supplier ID# (in the box at top right) and indicate change(s) below.
- EMPLOYEE/STUDENT:** Enter Student/Employee ID# (in the box at top right) and complete below.

Business Name: (as shown W-9)

Primary Contact Name:

Old Address: (if moved to)

New Address: (or moved to)

Add Sequence Add Change

City:

State:

Zip Code:

Phone: ()

Fax: ()

Email:

Website Address:

Description of Commodity: Goods Services Other:

Do you have a CA Seller's Permit? Yes No If yes, provide CA Permit#:

Are your products or services subject to Sales/Use Taxes in CA? Yes No

New Suppliers MUST submit a completed & SIGNED W-9 form to effect payment.

Click here to retrieve the W-9 Form from the IRS website - <https://www.irs.gov/uac/about-form-w9>

Notification of Company/Corporation name change **MUST originate from supplier.*

MINORITY, WOMAN AND DISABLED VETERAN-OWNED BUSINESS ENTERPRISE CERTIFICATION SECTION

This section **MUST BE COMPLETED** for the District's State Reporting:

Business Category

- Minority-Owned
- Woman-Owned
- Disabled-Veteran-Owned

Ethnicity

- Native American/Alaskan
- Asian/Pacific Islander
- African American
- Hispanic/Latino
- Caucasian/White

Consistent with State Law, administrative regulations, and the District's Equitable Opportunities for Business Enterprise Program, specific declarations to your status is required.
