

COMPLETE THE FOLLOWING:

- ____ Supplier Application
- Federal Tax Form W-9 (2024 version)
- PlanetBids Vendor Profile

Internal Use Only SUPPLIER ID INITIALS INITIALS

SUPPLIER APPLICATION

□ NEW SUPPLIER □ EX		ISTING SU	PPLIER			
SUPPLIER INFORMATION						
Legal Business Name						
Doing Business As (DBA)						
PHYSICAL ADDRESS			PAYMENT REMITTANCE ADDRESS			
□ Change of Address				Same as ma	iling address	
Address:			Address:			
Address:						
City: State: Zip:					Zip:	
Company's Primary Phone Number			1			
Purchase Order Delivery Email Address						
Company Website						
Description of Commodity	Goods	Services	Are you	r products or service	s taxable in CA?	

SUPPLIER'S PRIMARY CONTACT INFORMATION				
Name	Phone			
Title	Email			

DIVERSITY BUSINESS ENTERPRISE INFORMATION (TO BE COMPLETED BY SUPPLIERS ONLY)

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

The San Diego Community College District verifies the following information through SAM.gov

SAM.gov Unique Entity ID

SUPPLIER INSURANCE DOCUMENTATION

Please register your company with PlanetBids using the link below. Once your Supplier Application has been processed, you will receive an email from PlanetBids to submit your Certificate of Insurance.

The Supplier Application process is NOT complete until the District has received and verified insurance documentation.

https://pbsystem.planetbids.com/portal/57760/portal-home

The District requires Net 30 Payment terms when placing orders. If your company requires credit terms to be established, please notify the SDCCD Purchasing and Contracts department at <u>purchase@sdccd.edu</u> or 619.388.6562.

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