

COMPLETE THE FOLLOWING:

Supplier Application

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

Internal Use Only
SUPPLIER ID
SUPPLIER ID
INITIALS

SUPPLIER APPLICATION

🗆 NEW SUPPLIER 🛛 EX		ISTING SUP	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						
Purchase Order Delivery Email Address						
Company Website						
Description of Commodity Goods Services Are your products or services 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 District Equitable Opportunities, if your business is registered on SAM.gov, please provide the unique ID in the field below. SAM.gov Unique Entity ID :

SUPPLIER INSURANCE DOCUMENTATION

A Certificate of Insurance (COI) is required for any supplier coming onsite to District property to perform work. 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, if applicable.

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.