



# CHABOT – LAS POSITAS

## COMMUNITY COLLEGE DISTRICT

### Vendor Profile Application

Please type or print.

If you have any questions regarding this form or the application process, please contact the Purchasing Division at (925) 485-5233

#### Part A: Business Questionnaire

Date: \_\_\_\_\_

1. Vendor Name: \_\_\_\_\_

2. Primary Contact:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone(\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext.\_\_\_\_ Fax(\_\_\_\_)\_\_\_\_-\_\_\_\_

E-mail Address \_\_\_\_\_

3. Vendor Category

\_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Minority Owned

\_\_\_\_\_ Small Business

\_\_\_\_\_ Women Owned

4. Type of Business:

a.  Sole Proprietor (S)  Joint Venture (J)

Partnership (P)  Independent Contractor

Corporation (C), State where firm is incorporated \_\_\_\_\_

b. Is it a Non-Profit Organization?  Yes  No

If yes provide Tax-Exempt Form

c. Business Start/Incorporation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Type of Business: Check the one which best describes your company:

Broker

Wholesaler

Retailer

Manufacturer

Manufacturer's Rep

Service

Architect, Engineer, Construction

Professional

Other

(This information must be supplied. If not, the application will be returned):

6. Federal ID Number \_\_\_\_\_ - \_\_\_\_\_ or Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Sales Tax Collection

Collect all Sale/Use Tax for Alameda County

Collects Selected Taxes

Does not collect Sales Tax

Tax Exempt

California Seller or Use Tax Permit Number \_\_\_\_\_

Do you supply recycled Products?

Yes

No

### Part B: Address Questionnaire

1. General Mailing Address:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Remittance Address:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Part C: Commodity and Service Codes

Type of commodities or services that your business provides


### Part D: Completing and Returning Application

1. Name of Person Completing Form

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

2. Return Completed Application to:

Purchasing Department  
Chabot – Las Positas CCD  
7600 Dublin Blvd, 3<sup>rd</sup> Floor  
Dublin, CA 94568  
Fax: (925) 485-5271

### DO NOT COMPLETE – FOR INTERNAL USE ONLY

Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Input \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Vendor No. \_\_\_\_\_

Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Input \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

New

Updated