

Vendor Application

Please complete, sign and date all pages. Also, it is required you attach one of the following to the application:

- 1) copy of a social security card,
- 2) copy of a Federal taxpayer ID #, OR
- 3) a completed W-9 Form

Please indicate the type of product(s) and/or service(s) your company will provide:

Company name: _____

Former name (if applicable): _____

Tax ID # _____ or Social Security Number _____

Physical address: _____

City: _____ State: _____ Zip: _____

Remit to address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Do you accept electronic purchase orders? Yes _____ No _____

Are any of its employees, officers, directors, subcontractors or agents are members of the board of trustees, a relative of an employee of Parker College or if they are employed by Parker College. Yes _____ No _____

If so, please detail:

I do solemnly declare and affirm that all of the information is completely true and accurate. I understand that any misrepresentation will be grounds for denial or revocation of vendor application.

Also, by my signature, I affirm that I agree to all of Parker College's Terms and Conditions.

Signature: _____ Print Name: _____

Title: _____

Company name: _____

Date: _____

Insurance requirements

If applicable, the general insurance requirements are workers compensation, general liability and vehicle liability. The specific type and amount of insurance required depends on the nature of the goods and services to be provided and will be specified in the solicitation or RFQ/RFP (Request For Quotation/Request For Proposal).