

D.U.N.S. # _____

PA Business License # _____
www.pabizonline.com

VENDOR APPLICATION

SUBMIT TO:
 Community College of Philadelphia
 PURCHASING DEPARTMENT M1-4
 1700 Spring Garden Street
 Philadelphia, PA 19130
 215-751-8900

FOR NEW VENDORS: Purchase Orders or Contracts will not be issued without a W-9. Please submit with application

Name of Individual or Company _____

Please check where applicable _____ New Application _____ Name Change _____ Address Change _____ Other/Specify _____

Taxpayer Identification Number as used on IRS tax return: _____ Fed ID # (EIN/FIN) _____

PURCHASE ORDERS ARE TO BE SENT TO:

Contact Name: _____

Address: _____

City, State, Zip _____

Telephone (include area code) _____

Fax # _____

Email: _____

REMITTANCE NAME & ADDRESS

Contact Name: _____

Address: _____

City, State, Zip _____

Telephone (include area code) _____

Fax # _____

Email: _____

TYPE OF BUSINESS ENTERPRISE – Certification must be attached

<input type="checkbox"/>	Minority Business Enterprise (MBE)	<input type="checkbox"/>	Small Business
<input type="checkbox"/>	Minority Woman Business (MWBE)	<input type="checkbox"/>	SVC Disabled Veteran Owned (SDVOB)
<input type="checkbox"/>	Woman Business Enterprise (WBE)	<input type="checkbox"/>	Veteran Owned
<input type="checkbox"/>	African American Owned	<input type="checkbox"/>	Disabled Owned
<input type="checkbox"/>	Hispanic Owned	<input type="checkbox"/>	Disadvantage (Economic)
<input type="checkbox"/>	Asian American Owned	<input type="checkbox"/>	Native American Owned
<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	

CLIENT REFERENCES:

NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER

List the principal type of service, product or other that is provided: _____

J# _____
 (Assigned by Community College of Philadelphia)