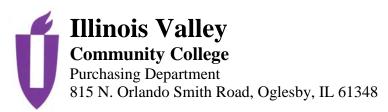
Please complete this Vendor Information Request along with the attached W-9 form. Email, mail, or fax to the Illinois Valley Community College Purchasing Department, using the information below.

Phone: 815-224-0417

815-224-3294

E-Mail: Purchasing@ivcc.edu

Fax:



SECTION 1: VENDOR INFORMATION

Your Company Identification N	umber (FEIN):				
Legal Business or Individual Na	me				
Parent Company Name (if differ	rent than above)				
Physical Address			City	State	Zip
Purchasing Contact Name	PO Telephone:	Business, Cell, or Home	PO Fax	PO E-Mail Address	
Remittance Address, if different than above		-	City	State	Zip
Accounts Receivable Contact Name		AR Telephone		AR E-Mail Address	
Type of product or services your	r company provides:				
Name of person at IVCC reques	ting this information:				
Mark this checkbox if the that of a current Illinois V	-		RS W-9/W-8 form	n for the above named	business i
SECTION 2: ILLINOIS DE ENTERPRISE PROGRAM	·	ENTRAL MAI	NAGEMENT SI	ERVICES BUSINES	SS
Female Business Enterprise (FBE)			Veteran Owr	wned Business Enterprise (VBE)	
Minority Business Enterpr		Sheltered Wo	Sheltered Workshop (SWS)		

SECTION 3: VENDOR CLASSIFICATION

Individuals: Please select the appropriate classification

U.S. Citizen

Please attach W-9 Form

U.S. Resident

Please attach W-9 Form

Non Resident Alien

Please attach W-9 Form

Please attach W-9 Form

Businesses: Please select the appropriate classification

U.S. Citizen

Foreign Vendor with U.S. Presence
Please attach W-9 Form

Please attach W-8ECI Form

Foreign Vendor
Please attach W-8EEN-E or W-8EEN Form