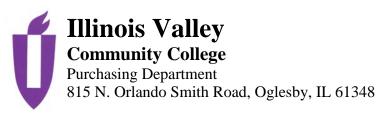
Please complete this Vendor Information Request along with the attached W-9 form. Email, mail, or fax to the Illinois Valley Community College Purchasing Department, using the information below.

Phone: 815-224-0417

815-224-0294

E-Mail: Purchasing@ivcc.edu

Fax:



SECTION 1: VENDOR INFORMATION

Your Company Identification Nu	umber (FEIN):					
Legal Business or Individual Na	me					
Parent Company Name (if differ	ent 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	-	City	State	Zip		
Accounts Receivable Contact Name		AR Telephone		AR E-Mail	AR E-Mail Address	
Type of product or services your	company provides:					
Name of person at IVCC request	ing this information:					
Mark this checkbox if the that of a current Illinois V	•		RS W-9/W-8 form	m for the above named	business is	
SECTION 2: ILLINOIS DEI ENTERPRISE PROGRAM (ENTRAL MAI	NAGEMENT SI	ERVICES BUSINES	S	
Female Business Enterpris		Veteran Owned Business Enterprise (VBE)				
Minority Business Enterpr		Sheltered Wo	red Workshop (SWS)			
Persons with Disabilities I	Enterprise (PBE)					
C						

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-8BEN 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