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.

	<b>Illinois Valley</b> <b>Community College</b> Purchasing Department 815 N. Orlando Smith Road, Oglesby, IL	61348	Phone: 815-224-0417 Fax: 815-224-0294 E-Mail: Purchasing@ivcc.edu			
Section 1: Vendor Information						
	Your Company Identification Number (FEIN):					
	• •					
	Legal Business or Individual Name					
	Legar Dusiness of marriada runne					
	Demont Commune Name (if different them also as)					
	Parent Company Name (if different than above)					
	Physical Address		City	State	Zip	
	Thysical real cos		City	State	Zīp	
	Purchasing Contact Name PO Telephone:	Business,	PO	E-Mail Address		
	For relephone.	Cell, or Home	10	L-wan / waress		
	Remittance Address, if different than above		City	State	Zip	
			City	Stute	2.ip	
	Accounts Receivable Contact Name	AR Telephone		AR E-Mail Address		
	Type of product or services your company provides:					
	Name of person at IVCC requesting this information:					
	Mark this checkbox if the social security number listed on the IRS W-9/W-8 form for the above named business is					
	that of a current Illinois Valley Community Colle					
ECTION 2: ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES BUSINESS ENTERPRISE PROGRAM CLASSIFICATION						
	African American Male Business (AAM)	Native American/Alaskan Native Male Business (NAM)				

African American Female Business (AAF)

Hispanic American Male Business (HAM)

Hispanic American Female Business (HAF)

Asian American Male Business (ASM)

Asian American Female Business (ASF)

## SECTION 3: VENDOR CLASSIFICATION

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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-8BEN Form

Native American/Alaskan Native Female Business (NAF)

Caucasian Female Business (CFB)

Sheltered Workshop (SWS)

Persons with Disabilities Enterprise (PBE)

Veteran Owned Business Enterprise (VBE)

Businesses: Please select the appropriate classification

U.S. Citizen Please attach W-9 Form Foreign Vendor *with* U.S. Presence **Please attach W-8ECI Form** 

Foreign Vendor Please attach W-8BEN-E or W-8EXP Form