

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.



**Illinois Valley
 Community College**

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 _____

Parent Company Name (if different than above) _____

Physical Address _____	City _____	State _____	Zip _____
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Purchasing Contact Name _____	PO Telephone: <small><i>Business, Cell, or Home</i></small> _____	PO Fax _____	PO E-Mail Address _____
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Remittance Address, if different than above _____	City _____	State _____	Zip _____
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Accounts Receivable Contact Name _____	AR Telephone _____	AR E-Mail Address _____
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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 College student.

SECTION 2: ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES BUSINESS ENTERPRISE PROGRAM CLASSIFICATION

- | | |
|--|---|
| Female Business Enterprise (FBE) | Veteran Owned Business Enterprise (VBE) |
| Minority Business Enterprise (MBE) | Sheltered Workshop (SWS) |
| Persons with Disabilities Enterprise (PBE) | |

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-8BEN Form

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