

Completed forms should be submitted to John Eriksen, Purchasing, A/P Director at jeriksen@mail.cccd.edu



Vendor Registration Form

Industry Type:

Brief Company Introduction:

Company Name:

Contact:

Main & Billing Address

Phone Number:

Fax Number:

Email Address:

Home Page Address:

Names & Titles of Corporate Officers or Owners:

Names of Person(s) Authorized to Sign Bids:

State Resale License Number

Federal Identification Number

State of Incorporation

Organization Type

Corporation

Individual

Joint Venture

Non-Profit

L.L.C.

Type of Business

Manufacturer/Producer

Construction Concern

Service Dealer

Regular Dealer

R & D Company

How Long in Business?

Type of Product(s) & Service(s) Offered:
