

SUPPLIER APPLICATION

- Completion of this form is required to collect information necessary for payment processing for goods/services rendered.
- A valid **2024 IRS Form W-9** is required for all new suppliers, except for **employees, students, or existing suppliers requesting an address change only.**
- Existing suppliers requesting a **name change** are subject to submitting a valid Form W-9.

<input type="checkbox"/> NEW SUPPLIER <input type="checkbox"/> EXISTING SUPPLIER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT			
SUPPLIER INFORMATION			
Legal Business Name			
Doing Business As (DBA)			
PHYSICAL ADDRESS (MAILING)		PAYMENT REMITTANCE ADDRESS	
<input type="checkbox"/> Change of Address		<input type="checkbox"/> Same as mailing address	
Address: _____		Address: _____	
Address: _____		Address: _____	
City: _____ State: ____ Zip: _____		City: _____ State: ____ Zip: _____	
Purchase Order (PO) Delivery Email Address			
Primary Contact Name			
Primary Contact Title			
Primary Contact Phone Number			
Description of Commodity	Goods Services	Are your products or services taxable in CA? ____	

BUSINESS CERTIFICATION INFORMATION			
Business Certification	Check all that apply	Certifying Agency	*Certification number
Small Business Enterprise (SBE)			
Minority-Owned Business Enterprise (MBE)			
Woman-Owned Business Enterprise (WBE)			
Disabled Veteran Business Enterprise (DVBE)			
Other Business Enterprise			
None of the above			

The District requires Net 30 Payment terms when placing orders. If your company requires credit terms to be established, please notify the SDCCD Purchasing and Contracts department at purchase@sdccd.edu or 619.388.6562.

Rev. 04/27/2026

COMPLETE THE FOLLOWING (If applicable):

_____ Federal Tax Form W-9 (2024 version)