

SCCOE VENDOR NUMBER: _____

NEW ___ EXISTING ___



Purchasing Services - General Services Department
1290 Ridder Park Drive, MC 254, San Jose CA 95131-2304
Fax (408) 453-6856

VENDOR PROFILE

NAME:	CONTACT NAME:
ADDRESS:	EMAIL:
	WEBSITE:
	PHONE:
CITY, STATE, ZIP:	FAX:

TYPE OF SERVICES OR COMMODITIES

COMMODITY OR SERVICE PROVIDED:
DIR # (IF APPLICABLE):
CONTRACTORS STATE LICENSE BOARD # (IF APPLICABLE):
CLASSIFICATIONS (IF APPLICABLE):
CURRENT W9 PROVIDED (Y / N):
CERTIFICATE OF LIABILITY PROVIDED (Y / N):

REMITTANCE ADDRESS

REMIT NAME:
REMIT ADDRESS:

**** A PURCHASE ORDER NUMBER IS REQUIRED FOR ALL ORDERS AND MUST BE REFERENCED ON ALL PACKING SLIPS, INVOICES AND OTHER DOCUMENTATION.**