

# **REQUEST FOR NEW VENDOR**

**NOTICE: \*COMPLETED W-9 MUST BE SUBMITTED WITH EVERY NEW VENDOR REQUEST.  
W-9 FORM AVAILABLE AT ICCNET UNDER ACCOUNTS PAYABLE SECTION.**

## **STEP 1 – TAX INFORMATION**

VENDOR NAME (if sole proprietor, please list name of owner and name of business):

ORDER ADDRESS:

REMITTANCE NAME (if different than vendor name listed above):

REMITTING ADDRESS (if different than order address listed above):

SALES CONTACT:

PHONE NUMBER:

FAX:

FEDERAL TAX CLASSIFICATION (select one):

- INDIVIDUAL/SOLE PROPRIETOR  
 CORPORATION

TAX IDENTIFICATION NUMBER (TIN from Part I on W-9):

SSN:

or

FEIN:

PURCHASE INFORMATION:

- SERVICES, CONSULTANTS  
 GOODS/PRODUCTS (i.e. Supplies, Printing, Dues, Publications, Software, Advertising).

**\* PAGE 1 OF 2 \***

**\* PURCHASING WILL PROCESS NEW VENDOR REQUESTS WHEN BOTH FORMS ARE RECEIVED.**

*Send completed form & W-9 to Purchasing, L120A or email to [Purchasing@icc.edu](mailto:Purchasing@icc.edu)*

## STEP 2 – TYPE OF OPERATION (OPTIONAL, CHECK ALL THAT APPLY)

**MINORITY OWNED BUSINESS** – means a business which is at least 51 percent owned by one or more minority persons, or in the case of a corporation, at least 51 percent of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- A MINORITY OWNED BUSINESS
  - AMERICAN INDIAN OR ALASKA NATIVE
  - ASIAN
  - BLACK OR AFRICAN AMERICAN
  - HISPANIC OR LATINO
  - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- MINORITY OWNED BUT NOT CERTIFIED
- NOT APPLICABLE

**FEMALE OWNED BUSINESS** – means a business which is at least 51 percent owned by one or more females, or, in the case of a corporation, at least 51 percent of the stock in which is owned by one or more females; and the management and daily business operations of which are controlled by one or more of the females who own it.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- FEMALE OWNED BUSINESS
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- FEMALE OWNED BUT NOT CERTIFIED
- NOT APPLICABLE

**BUSINESS OWNED BY A PERSON WITH A DISABILITY** – means a business that is at least 51 percent owned by one or more persons with a disability and the management and daily business operations of which are controlled by one or more of the persons with disabilities who own it. A not-for-profit agency for persons with disabilities that is exempt from taxation under Section 501 of the Internal Revenue Code of 1986 is also considered a business owned by a person with a disability.

UNDER THIS DEFINITION, THIS FIRM IS (*check where appropriate*):

- BUSINESS OWNED BY A PERSON WITH A DISABILITY
- CHECK HERE IF YOU HAVE BEEN CERTIFIED BY THE MINORITY AND FEMALE BUSINESS ENTERPRISE DIVISION OF THE ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.
- OTHER CERTIFYING ORGANIZATION: \_\_\_\_\_
- BUSINESS OWNED BY A PERSON WITH A DISABILITY BUT NOT CERTIFIED
- NOT APPLICABLE

**OTHER** – (*Check where appropriate*):

- VETERAN OWNED SMALL BUSINESS  
CERTIFYING ORGANIZATION: \_\_\_\_\_
- SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS  
CERTIFYING ORGANIZATION: \_\_\_\_\_
- OTHER: \_\_\_\_\_

\* PAGE 2 OF 2 \*

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