



Southwest TN Community College
HIGHER EDUCATION SYSTEM
VENDOR APPLICATION FORM

COMPLETE ALL INFORMATION, SIGN AND EMAIL TO:
purchasing@southwest.tn.edu

PLEASE SPECIFY WHICH TN COLLEGE OF APPLIED
TECHNOLOGY OR COMMUNITY COLLEGE YOU WILL BE
DOING BUSINESS WITH:
OR ALL

1. COMPANY NAME:

ADDRESS: CITY: STATE: ZIP:

2. PAYMENT ADDRESS: (SAME AS ABOVE)

ADDRESS: CITY: STATE: ZIP:

3. TELEPHONE NUMBER: TOLL FREE:

FAX NUMBER: CELL NUMBER: (OPTIONAL)

4. COMPANY WEB ADDRESS:

5. CONTACT PERSON FOR PURCHASE ORDERS:

CONTACT PERSON FOR REMITTANCE:

NAME:

NAME:

EMAIL:

EMAIL:

6. DOES YOUR COMPANY HAVE A DUNS#: No Yes

IF YES, PLEASE PROVIDE NUMBER:

7. FEDERAL TAX IDENTIFICATION NUMBER (FEIN):

SOCIAL SECURITY NUMBER: (IF NO TAX FEIN):

8. FEDERAL TAX CLASSIFICATION (Box #3 on W-9):

INDIVIDUAL/ SOLE PROPRIETOR C CORP S CORP PARTNERSHIP TRUST/ESTATE

LIMITED LIABILITY COMPANY (IF LLC PLEASE CHOOSE ONE: C CORP S CORP PARTNERSHIP)

OTHER:

STATE OF INCORPORATION:

YEAR OF INCORPORATION:

NUMBER OF EMPLOYEES:

9. Is Contractor or Contractor's parent company located outside the U.S. Yes No
If yes, state Country:

10. DIVERSITY for Reporting Purposes:

MINORITY – (MBE) if selected, please choose 1 below

AFRICAN AMERICAN

NATIVE AMERICAN

HISPANIC AMERICAN

ASIAN AMERICAN

SERVICE-DISABLED VETERAN – (SDVB)

SMALL BUSINESS – (SBE)

WOMAN BUSINESS ENTERPRISE – (WBE)

DISABLED PERSON OWNED – (DOBE)

N/A

11. AVERAGE ANNUAL GROSS REVENUE/RECEIPTS OVER THE PAST THREE (3) YEARS:

_____ UNDER \$10,000,000

_____ OVER \$10,000,000

12. DOES YOUR BUSINESS CURRENTLY HOLD ANY STATE CONTRACTS FROM -
TBR, UT, STATE OF TENNESSEE COOPERATIVE, OR GENERAL SERVICES ADMINISTRATION (GSA)? ____ No ____ Yes

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF ENTITY: _____

CONTRACT NUMBER: _____

ENTITY CONTACT NAME: _____

ENTITY CONTACT PHONE NUMBER: _____

ENTITY CONTACT EMAIL: _____

13. BUSINESS DESCRIPTION: _____

14. CERTIFICATION: I HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE AND THAT ALL THE INFORMATION AS COMPLETED ABOVE IS ACCURATE AND TRUE.

AUTHORIZED SIGNATURE

TITLE

DATE

NAME (PRINTED) _____