

Vendor Profile

Corporate/Company Name: _____

Mailing Address: _____

Company Representative: _____ Phone: _____

Ordering Address: _____

Street Address

City

State

Zip Code

Remittance Address: _____

Street Address

City

State

Zip Code

Fax Number: _____ Phone Number: _____

Is your company certified by the State of Connecticut as a Small and/or Minority Business Enterprise? Yes No

If yes, please identify the category and attach a copy of the certification _____

Business Entity: Corporation ___ Partnership ___ Proprietorship ___

Non-Profit: ___ Non-Profit Classification: ___

Please provide the ID number under which your company files Federal Taxes

Federal Employer Identification Number: _____

OR

Social Security Number: _____

This information is necessary for the College to process purchase orders and payments.

Prepared by: _____

Type Name

Signature

Title: _____

For: _____

Company