



Create Vendor Form

Send this form to: ProcurementVendorMaintenance@email.laccd.edu

NAME OF THE REQUESTOR:
L. Kraus

NOTE: * = required information; must enter information

[Click here for Instructions](#)

GENERAL INFORMATION

* Legal Name of Vendor: _____

* Taxpayer Identification Number _____

Social Security Number **OR** _____

Employer Identification Number: _____

* Telephone Number: _____

Contractor License Info: Class: _____ License No: _____

SALES CONTACT

A/P Contact

* Person/Name: _____	Person/Name: _____
* Telephone Number: _____	Telephone Number: _____
* FAX: _____	FAX: _____
Email: _____	Email: _____

Payment terms (net 30 unless otherwise specified): _____

Shipping Terms FOB Destination (Choose one of the following):

Prepaid and Allowed
 Prepaid and Added to invoice

LACCD Customer Account Number Assigned: _____

Product Code Categories (see page 3 for a list of product codes): RENTAL

Please check the category or categories under which the business qualifies (see page 2 for an explanation):

(MBE)
 (DVBE)
 (WBE)
 (SBE)
 Decline to State

If the Purchase Requisition is already created, please provide:

(1) Purchase Requisition Number: _____ (2) College Proc. Aide name: _____

*** ADDRESS INFORMATION**

Main Address

Address: _____

City: _____

State: CA

Zip: _____

Mailing Address (if different from above)

Address: _____

City: _____

State: _____

Zip: _____

Payment Address (if different from above)

Address: _____

City: _____

State: _____

Zip: _____

Alternate Payment Address (if diff. from above)

Address: _____

City: _____

State: _____

Zip: _____

Web Page Address: _____