



John A. Logan College

Purchasing Department
700 Logan College Road, C228
Carterville, IL 62918
Phone: (618) 985-2828, ext. 8260
Fax: (618)-985-6610
Sue.Zamora@jalc.edu

VENDOR APPLICATION FORM

You must DOWNLOAD and SAVE the Vendor App first, then fill in > save again > submit.

Completed applications may be submitted in one of the following ways:

- Upload: JALC Purchasing Vendor Registration Website
- E-mail: Sue.Zamora@jalc.edu
- USPS Mail, JALC – ATTN: Purchasing
- Hand deliver, Purchasing Office, Room C228
- Fax: (618) 985-6610, ATTN: Purchasing

- Document can be filled in electronically.
- Click on check boxes to add or remove "x".
- Save document as *Company Name JALCVA*, ex: "Ameren JALCVA"

New Vendor Initial Application

Existing Vendor Information Update

A. COMPANY INFORMATION

Business Name or

Name or Individual: _____

Parent Company Name: _____

Mailing Address: _____

For Bid Specs, Orders, Contracts, etc.

City

State

Zip Code

Name/Department

Phone

E-mail

Payment Address: _____

Same as Mailing Address

City

State

Zip Code

Name/Department

Phone

E-mail

Website: _____

Taxpayer ID Number (TIN) _____

Social Security Number / Employer Identification Number / Federal EIN

www.jalc.edu

John A. Logan College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.



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B. COMPANY CONTACTS

	Name	Phone/extension	E-mail
President	_____	_____	_____
Bid/Quote Contact	_____	_____	_____
Contracts Contact	_____	_____	_____
Payments Contact	_____	_____	_____

C. MBE, FBE, PBE, SBE and VOB CERTIFICATION (optional, if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Certified Minority Business Enterprise (MBE) | Ethnicity: <input type="checkbox"/> African American |
| <input type="checkbox"/> Certified Female Business Enterprise (FBE) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Certified Persons with Disabilities Business Enterprise (PBE) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Certified Small Business Enterprise (SBE) | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Certified Veteran-Owned Business (VOB) | <input type="checkbox"/> Other: _____ |

If you checked any of the boxes in C, you are **required** to submit a **current letter of certification** with this application.

D. TAX INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Tax Reporting Name | _____ |

You are **required** to submit a completed **W-9** with this application.

E. COMMODITIES: LIST TYPES OF PRODUCTS AND SERVICES PROVIDED

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F. **VENDOR TERMS & SIGNATURE**

Check each box and sign application (typed name represents signature).

- All purchasing must follow the laws of the State of Illinois and the Illinois Public Community College Act as well as Board Policy of John A. Logan College.
- I hereby certify that the information supplied herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
- If any of the vendor information on this form changes, the vendor must complete a new form indicating "Existing Vendor Information Update."

Sign this vendor application by entering your name and date below.

Typed Name as Signature

Title

Date

Phone

E-mail

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