

John A. Logan College

NEW VENDOR | VENDOR UPDATE FORM



www.jalc.edu

LEGAL NAME (As listed with IRS)			
DBA (if different than above)			
PRIMARY MAILING ADDRESS			
Street			
City		State	Zip Code
Contact Name	Phone	E-Mail	
REMIT ADDRESS			
Street			
City		State	Zip Code
Contact Name	Phone	E-Mail	
COMPANY WEBSITE		TAXPAYER ID NUMBER (TIN)	
		SSN/EIN/FEIN	
COMMODITIES: LIST TYPES OF PRODUCTS/SERVICES PROVIDED			

TAX INFORMATION
Corporation
Limited Liability Company (LLC)
Sole Proprietorship
Partnership
Other

CEI BEP Certification (if applicable)
Minority Business Enterprise (MBE)
African American
Hispanic
Asian
American Indian
Other:
Woman Business Enterprise (WBE)
Persons with Disabilities Business Enterprise (PBE)
Small Business Enterprise (SBE)
Veteran-Owned Business (VOB)

VENDOR TERMS & SIGNATURE - Check each box and sign below

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, I agree to provide updated information by resubmitting this form.

Authorized Signature (typed name represents signature)

Typed name for signature

Date

Title

Phone

E-Mail

Vendors with FEINs only:
Submit by Email and attach W9

Individuals with SSNs: must save the completed form and upload with a W9 via secure website below

- 1) Enter your e-mail address
- 2) Upload saved form & W9
- 3) Check "I am human"
- 4) Click Submit button