

**TRITON COLLEGE**  
**PURCHASING DEPARTMENT**  
2000 Fifth Avenue, River Grove, IL 60171

Vendor Application Form

Triton College is requesting information that is necessary to accomplish the Policy of Triton College Board of Trustees. Disclosure of this information is **REQUIRED**. Failure to provide any information will result in this form not being processed.

**INSTRUCTIONS:** (Please type or print.) In order to be placed on the Triton College Vendor List, the applicant must complete all sections and sign on the bottom of Page 2. When completed, return the application to the above address, email to [nancyschafer@triton.edu](mailto:nancyschafer@triton.edu) or fax to 708-583-3112.

1. Name of Firm, Street Address, City, State and Zip Code:

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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Address to which orders or bid proposals are to be mailed (if different from item 1).

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Federal Employer Identification Number or the Applicant's Social Security Number: \_\_\_\_\_

D&B Number: \_\_\_\_\_ Company Website: \_\_\_\_\_

3. Type of Organization (check one)

Individual  Partnership  Non-Profit Organization  Corporation Incorporated under the laws of State of \_\_\_\_\_

4. If a division of a Corporation, show name and address of Parent Company. If Parent Company, list subsidiaries.

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**NOTE: SOCIAL SECURITY NUMBER MUST BE USED FOR INDIVIDUAL AND/OR SOLE PROPRIETORSHIP. (See Questions 3 and 4 above.)**

5. Identify equipment, supplies, materials, and/or services you desire to furnish. Show brand names of manufacturers or other information that will be helpful to buyers in inviting your firm to bid on agency requests. (Additional items may be submitted on an attached sheet.)

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6. In Compliance with the Illinois Purchasing Act found in the Illinois Public Community College Act, state the name of each individual having a beneficial interest of more than 7 ½ percent in the enterprise and each individual, who, together with spouse or minor children, has a beneficial interest of more than 15 percent in the enterprise. (Applies to individual proprietorships, partnerships and/or corporations.) AS PER ILLINOIS REVISED STATUTES, CH. 127, PAR. 132-11.1, AND CH. 102, PAR. 3, 3.1 AND 3.2.

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6.1 If Applicant is a Corporation; both of the following two columns must be completed:

(a) Corporate Officers

(b) Corporate Directors

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6.2 Are any of the persons listed in No. 6. Elected Officials, Members of the General Assembly, Illinois State Employees or the spouse or minor child of such official, assembly member, officer or employee:

No  Yes, please explain:

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7. Illinois Department of Central Management Services Business Enterprise Program Classification

- Minority Business Enterprise (MBE)
- Persons with Disability Business Enterprise (PBE)
- Service Disabled Veteran Owned Small Business (SDVOSB)
- Sheltered Workshop (SWS)
- Veteran Owned Small Business (VOSB)
- Women Business Enterprise (WBE)
- Women/Minority Business Enterprise (WMBE)

**Include certification documentation with this application.**

8. APPLICANT SELF-CERTIFICATION

The undersigned applicant does swear or affirm that:

- (1) The information provided in the Vendor Application Form and/or Applicant Self-Certification Form is true and correct as of the time of signing (Note: Any significant additional or modifying information must be submitted to the College within a reasonable period of time.)
- (2) Neither applicant nor any principal officer or employee, so far as it is known, is now debarred or declared ineligible by any State agency from bidding or otherwise furnishing goods or services to the State, and
- (3) Applicant, its officers or employees, have not been convicted of bribery nor attempted bribery of an officer or employee of the State of Illinois, nor have made an admission of guilt of such conduct that is a matter of record.
- (4) Applicant certifies that it does not pay any dues or fees on behalf of its employees or agents, nor does applicant subsidize or otherwise reimburse them for payment of dues or fees to any unlawfully discriminatory organization.
- (5) Vendor represents that it possesses all professional or business licenses required by law, if any, and all qualifications necessary to fully perform its obligations.
- (6) Vendor shall not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental handicap, an unfavorable discharge from military service, or any other factor as prohibited by law. Vendor certifies that it is an equal opportunity employer.
- (7) Vendor certifies that it maintains a written sexual harassment policy in conformance with 775 ILCS 5/2-105.
- (8) If Vendor has more than 25 employees, vendor certifies that it provides a Drug Free Workplace in compliance with the Drug Free Workplace Act 30 ILCS 580/1 et seq.

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

Applicant understands that information provided herein may be audited by the State or verified by other means.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ Date \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.