



Dear Valued Vendor,

Thank you for supporting Volunteer State Community College. To streamline and expedite our vendor registration process, please complete the forms in this attachment and return with your W-9.

\*Vendor Application

\*ACH/Direct Deposit

We encourage all vendors to participate in the ACH electronic payment option. This process will eliminate any payment delays associated with the processing and mailing of paper checks. ACH delivery also ensures fund deposits within 48-hours of being processed. When your payment is processed, a remittance advice will be sent to you via email.

You may email the forms to [purchasing@volstate.edu](mailto:purchasing@volstate.edu) or by mail at the following address:

Volunteer State Community College  
1480 Nashville Pike  
Gallatin, TN 37066

If you have any questions, please email Purchasing at the email listed above, or call 615-230-3565.

*April Corkin*

***Coordinator for Purchasing & Contracts***



## VENDOR APPLICATION FORM

COMPLETE ALL INFORMATION, SIGN AND EMAIL TO:

**purchasing@volstate.edu**

PLEASE SPECIFY WHICH TN COLLEGE OF APPLIED  
TECHNOLOGY Or COMMUNITY COLLEGE YOU WILL BE  
DOING BUSINESS WITH:

\_\_\_\_\_ OR ALL \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. PAYMENT ADDRESS: (SAME AS ABOVE \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_ TOLL FREE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ CELL NUMBER: (OPTIONAL) \_\_\_\_\_

4. COMPANY WEB ADDRESS: \_\_\_\_\_

5. CONTACT PERSON FOR PURCHASE ORDERS:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON FOR REMITTANCE:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

6. DOES YOUR COMPANY HAVE A DUNS#: No \_\_\_\_\_ Yes \_\_\_\_\_

IF YES, PLEASE PROVIDE NUMBER: \_\_\_\_\_

7. FEDERAL TAX IDENTIFICATION NUMBER (FEIN):

SOCIAL SECURITY NUMBER: (IF NO TAX FEIN):

8. FEDERAL TAX CLASSIFICATION (**Box #3 on W-9**):

\_\_\_\_ INDIVIDUAL/ SOLE PROPRIETOR \_\_\_\_ C CORP \_\_\_\_ S CORP \_\_\_\_ PARTNERSHIP \_\_\_\_ TRUST/ESTATE

\_\_\_\_ LIMITED LIABILITY COMPANY (IF LLC PLEASE CHOOSE ONE: \_\_\_\_ C CORP \_\_\_\_ S CORP \_\_\_\_ PARTNERSHIP)

\_\_\_\_ OTHER: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

YEAR OF INCORPORATION: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

9. Is Contractor or Contractor's parent company located outside the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state Country: \_\_\_\_\_

10. DIVERSITY for Reporting Purposes (Attach Diversity Certificate if you have one):

MINORITY – (MBE) if selected, please choose 1 below

- ☐ AFRICAN AMERICAN
- ☐ NATIVE AMERICAN
- ☐ HISPANIC AMERICAN
- ☐ ASIAN AMERICAN

- ☐ SERVICE-DISABLED VETERAN – (SDVB)
- ☐ SMALL BUSINESS – (SBE)
- ☐ WOMAN BUSINESS ENTERPRISE – (WBE)
- ☐ DISABLED PERSON OWNED – (DOBE)
- ☐ N/A

11. AVERAGE ANNUAL GROSS REVENUE/RECEIPTS OVER THE PAST THREE (3) YEARS:

\_\_\_\_\_ UNDER \$10,000,000

\_\_\_\_\_ OVER \$10,000,000

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12. DOES YOUR BUSINESS CURRENTLY HOLD ANY STATE CONTRACTS FROM -

TBR, UT, STATE OF TENNESSEE COOPERATIVE, OR GENERAL SERVICES ADMINISTRATION (GSA)? \_\_\_\_ No \_\_\_\_ Yes

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF ENTITY: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

ENTITY CONTACT NAME: \_\_\_\_\_

ENTITY CONTACT PHONE NUMBER: \_\_\_\_\_

ENTITY CONTACT EMAIL: \_\_\_\_\_

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13. BUSINESS DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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14. CERTIFICATION: I HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE AND THAT ALL THE INFORMATION AS COMPLETED ABOVE IS ACCURATE AND TRUE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

NAME (PRINTED) \_\_\_\_\_

**Volunteer State Community College**  
**ACH/Direct Deposit Payment Enrollment Authorization**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Check One:

☐ Direct Deposit for the first time

☐ Direct Deposit change

**VENDOR INFORMATION**

Social Security Number or Federal Taxpayer ID# \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Electronic Remittance Email: \_\_\_\_\_

**BANKING/FINANCIAL INSTITUTION**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

9 Digit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

I certify that the information provided in this form is correct. I authorize Volunteer State Community College to direct payments to the financial institution designated above and to initiate, if necessary, debits entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Volunteer State Community College under the designated TIN or SSN until Volunteer State Community College receives written notification from me/us of its revocation in such time and manner as to afford all parties a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Please attach a voided check if applicable and return to:

Email: [purchasing@volstate.edu](mailto:purchasing@volstate.edu)

**PLEASE ENCRYPT THE EMAIL WHEN RETURNING FORM  
VIA EMAIL!**

Mail to:  
Volunteer State Community College  
Attn: Purchasing Department  
1480 Nashville Pike  
Gallatin, TN 37066

For TBR Use Only: Please Initial

Entered \_\_\_\_\_ Date \_\_\_\_\_

Verified \_\_\_\_\_ Date \_\_\_\_\_