



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

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: _____

13. BUSINESS DESCRIPTION: _____

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) _____