

Vendor Supplemental Questionnaire Form

Full Legal Name:

Address:

City:

State:

Zip Code:

If PO Box given, also provide the physical address given to the California State Board of Equalization when applying for a Seller's Permit.

Street Address:

City:

State:

Zip Code:

Contact Information

Name:

Telephone #

Fax #

Toll Free Telephone #

Toll Free Fax #

E-Mail Address:

Web Page URL:

Separate payment address (if applicable)

Address:

City:

State:

Zip Code:

For Sole Proprietors only – Please check the blocks below:

Please, check Yes or No in the two questions below. If the answer to A. is YES, continue to B. If the answer to B. is NO, please provide your Social Security Number if you have not already done so on the W-9.

A. Are you a sole proprietor who will be providing services to the City? Yes No

B. Do you have any employees? Yes No

Amount of Contract: _____

Expiration Date of Contract: _____

Social Security Number: _____ - _____ - _____

Requesting Department Staff: Please indicate the type of transactions you are seeking from the vendor:

Goods

Services

Services: Legal / Lawyer

Services: Rent

If both Goods and Services = Please indicate which is larger – 51% or more as Goods, or 51% or more as Services.

If COR Employee – Set up as: Medical / Disability Child Support Non-Taxable Reimbursements