



Southwestern Illinois College Purchasing Department
2500 Carlyle Avenue – Main Complex Room 3245
Belleville, Illinois 62221
618-235-2700, Ext. 5384
Fax: 618-222-1788
Email: Purchasing@swic.edu

Thank you for your interest in Southwestern Illinois College. The College will endeavor to include your name on our supplier's list for the supplies and/or services you have indicated. The College will make every effort to inform you of our needs either via phone, email or by sending you a Request For Proposal, Request For Bid, or Request for Quotation. **Completion of this form does not guarantee business.**

CONTACT INFORMATION

Business Name or Name of Individual: _____

Mailing Address: _____

Contact Name: _____

Phone Number: _____

Fax: _____

Email: _____

Remit Address: _____

Remit Contact: _____

Remit Phone Number: _____

Remit Fax: _____

Remit Email: _____

BUSINESS ORGANIZATION

Please check the appropriate form of business organization below:

Corporation Sole Proprietor Individual Partnership

Please list the names of Corporate Officers and Directors:

Name	Title

MBE/FBE/DBE/PBE/VOB CERTIFICATION, IF APPLICABLE

- Certified Minority Business Enterprise (MBE)
- Disadvantaged Business Enterprise (DBE)
- Certified Persons with Disabilities Business Enterprise (PBE)
- Certified Female Business Enterprise (FBE)
- Veteran Owned Business (VOB)

If you selected any of the above certifications, you are **required** to submit a **current letter of certification** with this application. To certify with the Illinois Business Enterprise Program (BEP) and review eligibility, please go to:

https://www2.illinois.gov/cms/business/sell2/bep/Pages/Vendor_Registration.aspx

For Veteran Owned Business, under the Veterans Business Program (VBP) please go to:

<https://www2.illinois.gov/cms/business/sell2/Pages/VeteranownedBusinesses.aspx>

FINANCIAL / ACH DIRECT DEPOSIT INFORMATION

Date Business Established: _____ Bank Name: _____

Phone Number: _____

Transit/ABA Number: _____ Account Number: _____

Business Contact Person: _____

Taxpayer Identification Number (FEIN): _____

Use Social Security Number if a Sole Proprietor

Include IRS W-9 with submission of this application

REFERENCES

Please provide the name of at least three (3) references for your firm:

Name	Organization	Phone

Please provide a listing of other institutions of Higher Education that you have sold to in the last three (3) years:

1) _____

2) _____

3) _____

PRODUCT AND SERVICE CLASSIFICATIONS

Please provide a list of products and services that your company offers. Please use additional sheets if necessary:

The undersigned certifies to the following:

- 1) The undersigned is authorized to sign this form on behalf of applicant.
- 2) All information shown on this form is correct. Misrepresentation of information may be cause for removal of supplier and any other penalties.
- 3) Laws of the State of Illinois and Illinois Public Community College Act must be followed.

Signature

Printed Name

Title

Date