



VENDOR APPLICATION FORM

Thank you for your interest in completing our vendor application form. The college will endeavor to include your name on our vendors list for the supplies or services you have indicated. The College is NOT responsible if you are inadvertently missed, or the information is lost or delayed. All bids are advertised by law and are placed on the college’s web site at <http://waubonsee.edu/business/purchasing>.

Please type or print, and sign in the space provided. If the appropriate answer is “same”, “not applicable”, or “none”, please write this to indicate no questions have been overlooked. Please return this form, your W-9, and CMS/BEP/SBSP certification (if applicable) to purchasing@waubonsee.edu.

Legal Business Name					
Doing Business As (DBA)					
Federal EIN <i>(Use SSN if Sole Proprietor)</i>		Dun & Bradstreet #			
Street Address Line 1					
Street Address Line 2					
City		State		Zip Code	
Phone		Fax			
Contact Name					
Email					

Purchase Order Contact and Address (if different from above)

Legal Business Name					
Doing Business As (DBA)					
Street Address Line 1					
Street Address Line 2					
City		State		Zip Code	
Phone		Fax			
Contact Name					
Email					

Remittance Contact and Address (if different from above)

Legal Business Name					
Doing Business As (DBA)					
Street Address Line 1					
Street Address Line 2					
City		State		Zip Code	
Phone		Fax			
Contact Name					
Email					

Sugar Grove
Rt. 47 at Waubonsee Drive
Sugar Grove, IL 60554-9454
(630) 466-7900

Aurora Downtown
18 S. River St.
Aurora, IL 60506-4131
(630) 801-7900

Aurora Fox Valley
2060 Ogden Ave.
Aurora, IL 60504-7222
(630) 585-7900

Plano
100 Waubonsee Drive
Plano, IL 60545-2276
(630) 552-7900

Check the appropriate form of business organization: Corporation Sole Proprietor Individual Partnership

What product(s) or service(s) will you provide to the college? _____

Which campus locations can you serve? _____

If you are currently working with someone at the college, please provide their information:

- Department: _____
- WCC Contact Name: _____

Is your business certified through the Illinois Department of Central Management Services (CMS) as a Business Enterprise Program (BEP) vendor? As a public institution, Waubonsee follows the state’s policy to promote the economic development of businesses owned by minorities, females, and persons with disabilities. Waubonsee is required to track BEP certified vendors. Please check all that apply below and identify if you are registered with CMS as a BEP vendor, and/or through the Veterans Business Program (VBP) as a Veteran-Owned Small Business (VOSB) or Service-Disabled Veteran-Owned Business Enterprise (SDVOSB). See <http://www.illinois.gov/cms/business> for more information about obtaining the BEP and VBP certifications.

Vendor Diversity (Please select from options below)

Race/Ethnicity <i>Select One or More</i>	American Indian or Alaska Native		Asian	
	Black or African American		Hispanic or Latino	
	Native Hawaiian or Other Pacific Islander		White	
Gender	Male		Female	
Person with a Disability	Yes		No	
Veteran	Yes		No	
Service-Disabled Veteran	Yes		No	

Illinois Department of Central Management Services (CMS) Certification / BEP Certification (Check all that apply)

Type of Certification	Certification Date*	Renewal Date*
Minority Owned/Controlled Business Enterprise (MBE)		
Female Owned/Controlled Business Enterprise (FBE)		
Person with Disability Owned/Controlled Business Enterprise (PBE)		
Sheltered Workshop (SWS)		
Veteran-Owned Small Business (VOSB)		
Service-Disabled Veteran-Owned Small Business (SDVOSB)		

*Please provide a current letter of certification with your vendor form.

Approvals/Authorizations

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.

Signature _____ Date _____

Printed Name _____ Title _____

Included in response: Vendor Application Form ACH Form W-9 Copy of CMS/BEP/VBP Certification Letter

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AUTHORIZATION OF DIRECT DEPOSIT OF VENDOR PAYMENTS (ACH)

Please complete the following form if you are interested in receiving ACH – Direct Deposit payments. You will receive a direct deposit advice from Accounts Payable (A/P), similar to an electronic check stub, by email for your records. Waubonsee Community College will only issue to one bank account; however you may change the account on file by completing a new form. Contact accountspayable@waubonsee.edu, or call 630-466-5737 or 630-466-6636 if you have any questions.

Please Check One

NEW Direct Deposit	CHANGE Direct Deposit	CANCEL Direct Deposit
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Vendor/Payee Information

Legal Business Name						
Remit to Address						
Remit to City		State		Zip Code		
Contact Person's Name <i>(if other than Payee)</i>						
Phone		Fax				
Email to send receipt						

Bank Information

Bank Name						
Bank Address						
Bank's City		State		Zip Code		
Name on Bank Account				Account Type	Checking	Savings
ABA Routing Number						
Account Number						

Approvals/Authorizations

I certify that the information provided on this form is correct, and I hereby authorize Waubonsee Community College (WCC) Office of Accounts Payable to initiate credit entries to my account at the participating financial institution named above. It is my responsibility to notify WCC A/P office immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify WCC A/P in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until WCC A/P has received written notification requesting a change or cancellation and has had reasonable opportunity to act, which should take no longer than seven to ten business days.

Signature Date

Printed Name Title

For WCC Use Only	Date Stamp Received	WCC Vendor ID
Reviewed and Approved:		
Date:		

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