

Sample New Vendor Form



Create Vendor Form

Send this form to: ProcurementVendorMaintenance@email.laccd.edu

NAME OF THE
REQUESTOR:

NOTE: * = required information; must enter information

GENERAL INFORMATION

* Legal Name of Vendor: Via Tech Computer Services

* Taxpayer Identification Number **OR** N/A

Social Security Number **OR** N/A

Employer Identification Number: 97-8965231

* Telephone Number: 310-751-8495

Contractor License Info: Class: N/A License No: N/A

SALES CONTACT

A/P Contact

* Person/Name: James Johnson Person/Name: Mary Paul

* Telephone Number: 310-751-8467 Telephone Number: 310-884-7272

* FAX: 310-751-2245 FAX: 310-884-7233

Email: Johnson@yahoo.com Email: _____

Payment terms (will be set to **Net 30** unless otherwise specified): 2/10 net 30

Shipping Terms FOB Destination (Choose one of the following):

Prepaid and Allowed Prepaid and Added to invoice

LACCD Customer Account Number Assigned: N/A

* Product Code Categories (see the Product Code tab for a list of product codes): COMP HARD

Check the category/categories under which the business qualifies (see the Vendor Letter tab for an explanation):

(MBE) (DVBE) (WBE) (SBE) Decline to State

If the Purchase Requisition is already created, please provide:

(1) Purchase Requisition Number: PR10056789 (2) College Proc. Aide name: Michelle Ho

* ADDRESS INFORMATION

Main Address

Address: P.O. Box 7586

City: Culver City

State: CA

Zip: 90231

Mailing Address (if different from above)

Address: Same as above

City: _____

State: _____

Zip: _____

Payment Address (if different from above)

Address: P.O. Box 8686

City: Culver City, Ca 90231

State: CA

Zip: 90231

Alternate Payment Address (if diff. from above)

Address: Same as above

City: _____

State: _____

Zip: _____

Web Page Address: www.viatech.com