



Vendor Application Form

Name of Firm		Sales Representative		
Mailing Address		City	State	Zip Code
Remittance Address		City	State	Zip Code
Phone No. ()	Toll Free No. ()	Fax No. ()		
Web Page:		E-Mail Address:		
Payment Terms	Do you accept Purchase Orders?	Do you accept Visa?		

Tax I.D. Number: <i>(Not Resale No.)</i>	Note: Failure to provide Tax I.D. No. will result in a 31% Withholding of monies due to you per Internal Revenue Service Code Section 3406(a)(1).
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Type of Organization				
Individual _____	Partnership	General	Limited	
Name of Owner				
Corporation _____	Non-Profit Agency			
State of Incorporation				

OUT OF STATE VENDORS: Do you have a "Certificate of Registration – Use Tax" from the State of California authorizing you to collect sales tax from us? YES NO
 If yes, please provide certificate number: _____

Description of Products and Services (attach sales literature as appropriate):
