



**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):

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