Spartanburg Community College
Vendor Data Sheet

Date _____

Vendor Name _____

If Sole Proprietor, owner's name _____

Mail to address:_____
_____
City _____ State ____ Zip _____

Remit to address (if different from above):
_____
_____
City _____ State ____ Zip _____

Contact Name _____ Title _____

E-mail address _____

Telephone _____ Fax _____

Business Web Site Address _____

Federal Tax ID _____ SSN _____

SIC Code _____ (list **products(s)** or **service(s)** provided

Type of Business: (ck all that apply)

Minority Owned **w/Certification** #— _____
Corporation or Incorporated __
Tax Exempt Organization __
Small Business __
Gov./State Agency __
Other (explain) _____

Is your company subject to 1099 reporting? Yes ___ No ___ (Please complete W-9)

Vendor Terms _____

Other Comments _____