



Bishop State Community College Vendor Customer Form

Date of Request	
BSCC Employee	
Purchase Reason	
Phone Number	

VENDOR INFORMATION

Business Name	Contact Name	
Address	Phone Number	
Address	Email	
City / St / Zip Code	Cell Number	
Social Security No.	Federal ID No.	
Minority Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please mark		
which one applies	<input type="checkbox"/> (AA) African American <input type="checkbox"/> (FO) Female Owned <input type="checkbox"/> (HO) Hispanic Owned	
Tax Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt Number

**If Tax Exempt, please attach a copy of Tax Exempt Certificate

BANK INFORMATION

Bank Name			
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Routing Number			
Account Number			

PLEASE ATTACH THE FOLLOWING ITEMS TO VENDOR REQUEST FORM

- Completed W-9 Form
- Copy of Vendor's Return Policy, if applicable
- Statement of Disclosure for all PURCHASES over \$5,000

STATEMENT

Signature: _____	Date: _____
Print Name: _____	Title: _____

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. THE VENDOR IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557. THEY ARE NOT BARRED FROM ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE. The undersigned hereby certifies that the transaction under which this payment is requested is not subject to the requirements of Section 31-13-9(a) and (b), Code of Alabama, 1975 as amended.

BISHOP STATE USE ONLY

Entered By	
Date	
Assigned Vender #	