



Moraine Valley Community College Purchasing Department
 9000 West College Parkway
 Palos Hills, Illinois 60465
 Room L187
 708 974 5703 Fax: 708 974 5245
 Email: purchasing@morainevalley.edu

Thank you for your interest in Moraine Valley Community College. The College will endeavor to include your name on our vendor's list for the supplies or services you have indicated. The College will make every effort to inform you of our needs either via phone, email or by sending you a Request for Proposal, Request for Bid, or Request for Quotation. Completion of this form does not guarantee business. Please visit the College's Web Site at <https://www.morainevalley.edu/business/purchasing-department/submit-a-bid/> for a listing of current bids and proposals.

1. Contact Information

Business Name or Name of Individual:

Mailing Address:

Contact Name:

Phone Number:

Fax:

Email:

Remit Address:

Remit Contact:

Remit Phone Number:

Remit Fax:

Remit Email:

2. Business Organization

Please check the appropriate form of business organization below:

Corporation Sole Proprietor Individual Partnership

Please list the names of Corporate Officers and Directors:

3. MBE/FBE/DBE/PBE/VOB Certification, if applicable

- Certified Minority Business Enterprise (MBE)
- Disadvantaged Business Enterprise (DBE)
- Certified Persons with Disabilities Business Enterprise (PBE)
- Certified Female Business Enterprise (FBE)
- Veteran Owned Business (VOB)

If you selected any of the above certifications, you are **required** to submit a **current letter of certification** with this application. To certify with the Illinois Business Enterprise Program (BEP) and review eligibility, please go to http://www.illinois.gov/cms/business/sell2/bep/Pages/Vendor_Registration.aspx. For Veteran Owned Business, under the Veterans Business Program (VBP) please go to <http://www.illinois.gov/cms/business/sell2/Pages/VeteranownedBusinesses.aspx>

4. Financial Information

Date Business Established: _____ Bank Reference: _____

Bank Name: _____ Phone Number: _____

Contact Person: _____

Please provide Taxpayer Identification Number (FEIN) (Use Social Security Number if a Sole Proprietor):
 Include IRS W-9 with submission of this application. <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

5. References

Please provide the name of at least five (5) references for your firm (use additional sheets if necessary):

<u>Name</u>	<u>Organization</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a listing of other institutions of Higher Education that you have sold to in the last 3 years:

1. _____
2. _____
3. _____

6. Product and Service Classifications:

Please provide a list of products and services that your company offers. Please use additional sheets if necessary:

The undersigned certifies to the following:

1. The undersigned is authorized to sign this form on behalf of applicant
2. All information shown on this form is correct. Misrepresentation of information may be cause for removal of vendor and any other penalties
3. Laws of the State of Illinois and the Illinois Public Community College Act must be followed

Signature

Printed Name

Title

Date