



VENDOR INFORMATION FORM

Name: _____
(As stated on your Federal Tax Return. If you are the Sole Proprietor of a business, the personal name of the business is required)

Company or Business Name, if different from above: _____

Type of Business: C Corporation S Corporation Partnership Non-Profit
 Limited liability company Individual/sole proprietor or single-member LLC
 Government Entity Other (specify) _____

Business Address or Corporate Headquarters: _____

Contact Name: _____ **Phone #:** _____

Email: _____ **FAX #:** _____

Do you accept purchase orders? _____

Services / Commodities Provided: _____

The Office of Supplier Diversity (OSD) requires state agencies to report expenditures for transactions conducted with certified minority businesses registered with the state. Please confirm any minority certifications held by your organization:

African-American	Native American
Asian-American	Service Disabled Veteran
Hispanic	American Woman
Other (specify) _____	

Minority Certification issued by: _____

Expiration Date: _____

Please complete and mail/email to:
Florida Gateway College
Attn: Director of Procurement & Contracts
149 SE College Place
Lake City, FL 32025
Purchasing@fgc.edu

*Please include a copy of your company's W9, as well as a Certificate of Insurance if your service pertains to work located on the FGC campus.