

## **Vendor Application Form**

1.	Business Name**:		Yrs In Business:				
2.	Business Address:Street	City	State	Zip Code			
3.	Remittance Address:						
4.	Company Website:						
	(	DR					
	Federal Identification Number (FEIN)	Social So	ecurity Number, If Ap	plicable			
5.	Type of Organization:  Corporation Partnership Individu	al/Sole Proprietor	_ Other (Define)_				
6.	If corporation, indicate in which state: When: (Record additional corporation and/or company date on reverse side)						
7.	Does any DMACC employee/student, present or previous, hold an office as Principal, Director,  Partner, or hold any remunerative position in this Company?  Yes (List names, positions and agencies on reverse side) No						
	Indicate classes of equipment, supplies, material, and/or services on which you desire to bid/sell:  (Please attach separate list						
9.	Specific brand names of items handled:		(Please atta	ich separate list			
10.	Type of business (Check more than one if appli	cable):					
	A. Manufacturer or producer	B. Distribu	•				
	C. Dealer with inventory stock	<del>_</del>	establishment				
	<ul><li>E. Dealer without inventory stock</li><li>G. Construction concern</li></ul>	F. Profess H. Other (I	ionally licensed Define)				
10.	Type of operation (Check more than one if appl A. Is your firm located in Iowa?  B. Is it single management (not a branch of C. Gross receipts/sales last year: \$	icable): or subsidiary of anothe	r firm?				
	D. Number of employees: Company-wide	in lowa		_			

\*\*All vendors must submit a W-9 form with Vendor Application.

E.	Are you an approved minority- or disadvantaged-owned concern according to lowa SF 2175, 1986 (at least 51percent owned, controlled and actively managed by one or more minorities or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more minorities)?							
F.	F. Are you an approved woman-owned concern according to Iowa SF 2175, 1986 (at least 51 percent owned, controlled and actively managed by one or more women or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more women)?							
11. Ver	ndor Contact Person(s):							
N	lame	Official Position	Telephone Number	E-Mail Address				
 12. Bar	nk Reference:							
Add	dress:							
misrepi allowed	dersigned certifies that the resentation may be cause for a by law. Further, I affirm the inate because of age, race,	or removal from the qua lat the undersigned con	alified vendor list an npany's employmer	d any other penalties nt practices do not				
Signed	:							
3		d Title of Person Signing						
Date: _								
Toll free	e number: ()	<del>-</del>						
Fax nu	mber: ()							
Email: <sub>.</sub>								
	Purchasing Departn Des Moines Area C 2006 S Ankeny Blvo Ankeny, IA 50021 FAX: (515) 964-65 Email: purchasing@	nent, Bldg 1 ommunity College d.						

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