



Vendor Registration Form

Firm Name: _____

Address: _____
Street Address City State Zip

Phone: _____ **Fax:** _____

Printed Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____

Email: _____ **Website:** _____

DIR Registration Number (if applicable): _____

Specify if your business is:

1. Small Business Enterprise (SBE)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
2. Women Owned Business Enterprise (WBE)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
3. Minority Owned Business Enterprise (MBE)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
4. Disabled Veteran Business Enterprise (DVBE)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
5. Disadvantaged Business Enterprise (DBE)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

Note: If yes, please submit a copy of certification with this application. The criteria for Business Enterprises are available on the following pages.

Type of Product(s) & Service(s) Offered:

Do you service what you sell? Yes [] No []

If no, who does? _____

What other brands do you service? _____

What are shipping terms? FOB Destination [] FOB Shipping Point []

Payment Terms _____ **How Long in Business?** _____

Please attach your references including any schools/colleges, districts or government entities with whom you do business. Include the name, address, phone number and a contact person.

If additional space is needed, attachments may be included with your form submission. Return completed application form to Purchasing Services via email to Purchasing@rscsd.edu or via fax to (714) 796-3907.