VENDOR APPLICATION FORM

Complete all information and submit to purchasing@roanestate.edu:

Roane State Community College
Purchasing Department
276 Patton Lane
Harriman TN 37748
www.roanestate.edu

1. Company Name & Bid Address	2. Address to which payments are to be mailed (if same as #1, leave blank)
3. Telephone (toll free)	4. Telephone (other)
5. Fax	6. Name of Contact Person
7. Email Address of Contact Person	8. Company URL
9. Federal Identification Number (FEIN)	10. Social Security Number (if no FEIN)
11. Type of Organization Choose an item. - State of Incorporation: Year of Incorporation:	12. Kind of Ownership (Check all that apply): ☐Govt. (GO) ☐Minority ☐Non-Profit (NO) ☐Woman (WO) ☐Majority (MJ) ☐Small (SM) ☐Service-Disabled Veteran
13. Minoritv Ethnicitv Code -	14. Annual Gross Sales
15. Type of Business -	16. Number of Employees
17 Excluded from Federal Procurement or Nonprocurement Programs? ☐ Yes ☐ No	18. Preference for reporting purposes: ☐Woman-Owned ☐Small ☐Service-Disabled Veteran ☐Minority
19. Comments: Click here to enter text	

20. Commodities: Please provide the 5-digit commodity codes for goods and/or services (click here) for which your company would like to be provided bid opportunities. If additional space is needed to enter commodities, please note in the comments section of the vendor application.

Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class

21. Certification: By submitting this form, I certify that I am an authorized representative of the above company and that all the information as completed above is true and accurate.

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Name Title Date