

Signature

Illinois Eastern Community Colleges #529 Attn: accountspayable@iecc.edu 233 East Chestnut Street Olney, IL 62450

618-393-2982 Fax: 618-392-4816

Frontier Community College Lincoln Trail College Olney Central College Wabash Valley College

SECTION 1: VENDOR INFORMATION

| Business or Individual Name | |
|---|--|
| Parent Company Name (if different than above) | |
| Physical Address | City, State, Zip |
| Remittance Address, if different than above | City, State, Zip |
| Contact Name | Purchase Order Email Address |
| () - | () - |
| Phone Number | Facsimile Number |
| Individuals: Please select the appropriate classification. U.S. Citizen Please attach W-9 Form U.S. Resident Please attach W-9 Form Please attach W-9 Form Won-Resident Alien Please attach W-8BEN Form Businesses: Please select the appropriate classification. U.S. Company Please attach W-9 Form Foreign Vendor with U.S. Presence Please attach W-8BEN-E or W-8EXP Form | |
| SECTION 3: ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES BUSINESS ENTERPRISE PROGRAM CLASSIFICATION | |
| Female Business Enterprise (FBE) Minority Business Enterprise (MBE) Persons with Disabilities Business Enterprise (PBE) Veteran Owned Business Enterprise (VBE) | Please Note: If you check any of the boxes in Section 3, you are required to submit a current letter of certification with this application. |
| CERTIFICATION Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting. I have not been debarred, suspended, proposed for debarment, declared ineligible, not in the process of being debarred, or voluntary excluded from conducting business with a federal department or agency of the federal government. The information shown on this form is accurate to the best of my knowledge. | |
| Print Name | Title |

Date