



Illinois Eastern Community Colleges #529
 Attn: Diana Tighe (tighed@iecc.edu)
 233 East Chestnut Street
 Olney, IL 62450
 618-393-2982 ext. 5551 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

SECTION 2: VENDOR CLASSIFICATION

Individuals: Please select the appropriate classification.

U.S. Citizen
 Please attach W-9 Form

U.S. Resident
 Please attach W-9 Form

Non-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-8ECI Form

Foreign Vendor
 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
Signature	Date