

Spartanburg Technical College
Vendor Data Sheet

Date _____

Vendor Name _____

If Sole Proprietor, owner's name _____

Mail to address: _____

City _____ State ____ Zip _____

Remit to address (If different from above):

City _____ State ____ Zip _____

Contact Name _____ Title _____

Email Address _____

Telephone _____ Fax _____

Business Web Site Address _____

Federal Tax ID or SSN _____

SIC Code _____ (list product(s) or service(s) provided)

Type of Business: **Minority Owned w/Certification #** _____
(ck all that apply) **Corporation or Incorporated** _____
 Tax Exempt Organization _____
 Small Business _____
 Gov./State Agency _____
 Other (explain) _____

Is your company subject to 1099 reporting? Yes ____ No ____ (Please complete W-9)

Commodity Codes _____

Vendor Terms _____

Other Comments _____

