



# New Vendor Information Form

Vendor Name \_\_\_\_\_

Vendor Contact \_\_\_\_\_ Phone \_\_\_\_\_

Vendor Email \_\_\_\_\_

Name of SSC Employee Contact \_\_\_\_\_

Please describe the product or service you as a vendor will provide for Seminole State College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Start Date \_\_\_\_\_

In addition to this form, please attach/include a completed and signed IRS Form W-9. If your organization is an LLC, please enter the tax classification.

Seminole State College will not setup a new vendor without the completion of this form and IRS Form W-9.

Additionally, please note that Seminole State College requires an approved purchase order for all purchases. Verbal purchase requests from anyone representing themselves as an agent of SSC should not be processed. Please help us help you receive timely payment of your invoices.

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For Seminole State College Business Office Use Only

Approved for Vendor Setup \_\_\_\_\_ Date \_\_\_\_\_

Vendor # \_\_\_\_\_

OMES Dup Check

Uploaded to State