

Stanislaus County Office of Education

1100 H Street Modesto, CA 95354 (209) 238-1900

VENDOR/PROVIDER INFORMATION FORM

A completed W-9 form must be submitted with this form

Name of Company/Provider:

Physical Address:

Mailing Address:
(if different from above)

City/State/Zip:

Phone: Fax: Website:

Childcare Providers Only
Name to be printed on check:

Contacts Name:
(if different from above)

Contacts Phone: Email:
(if different from above)

Briefly describe the services/products you provide:

Questions below do not apply to Childcare Providers

Do you accept purchase orders? Yes ☐ No ☐

Do you have on-line ordering? Yes ☐ No ☐

Do you have State Contracted Pricing/Piggybackable Bids? Yes ☐ No ☐
If yes, which ones?

Do you offer discounts? Yes ☐ No ☐
If yes, please describe:

Name: Title: Date:

Send Form