



**Alameda County Office of Education
Internal Business Services**

313 W. Winton Avenue
Hayward, CA 94544
510-670-4268
purchasing@acoe.org

Vendor Supplemental Information Form

In order to set your company up as an approved vendor with ACOE, we request a current W-9 form as well as the following information:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____

Email: _____

Website: _____

Products/Services Provided: _____

Remit to Address (if different from above)

“Checks Payable To” Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you accept Purchase Orders with 30 Day Net Terms? Yes No

How should we send your business our Purchase Orders? (choose only one)

Email: _____ Fax: _____

RETIREMENT For Sole Proprietors/Independent Consultants (Select One)

Payments Issued to you will be reported to the applicable retirement system

- | | | |
|--|---|------------------------------|
| <input type="checkbox"/> CalSTRS Active Member | <input type="checkbox"/> CalSTRS Retired Member | |
| <input type="checkbox"/> CalPERS Active Member | <input type="checkbox"/> CalPERS Retired Member | <input type="checkbox"/> N/A |
