



California State Polytechnic University, Pomona Vendor Profile

Please complete and fax to 909.869.5475

Vendor Name: _____

Order from Address: _____

Phone: _____ **Fax:** _____

E-mail: _____ **Fed ID# or SSN:** _____

Standard Vendor Payment Terms: _____

OSDS Small Business Certified Yes _____ No _____

Small certification # _____ (provide a copy of certification)

OSDS Disabled Veteran Business Enterprise Yes _____ No _____

DVBE Certification # _____ (provide a copy of certification)

Vendors are encouraged to certify with DGS Office of Small Business & Disabled Veteran Business Enterprise Services. Please visit the following website for information regarding registration and the preference process.

<http://www.dgs.ca.gov/pd/Programs/OSDS.aspx>

Authorized Signature _____ *Title* _____

Printed Name _____ *Date* _____

Procurement Internal Use Only:

Buyer:	Maintained By:	Approved By:
Date:	Date:	Date:
Comment:	Taxable: ___Yes ___No	Vendor No: