

San Bernardino City Unified School District
Nutrition Services Department
1257 Northpark Boulevard
San Bernardino, CA 92407
Phone: 909/881-8000, FAX: 909/881-8016

VENDOR INFORMATION FORM

Business Name: _____

Business License Number: _____ Expiration: _____

Representative Name: _____

Title: _____

Address: _____
(City) (State) (Zip Code)

REMIT Address: _____

Number of Years in Business: _____ E-Mail address: _____

Telephone Number: _____ Fax Number: _____

Products and/or Services: _____

Bids interested in being contacted for: _____

List References with Telephone Numbers:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

No discrimination shall be made in the employment of persons upon public works because of the sex, race, color, national origin or ancestry, religion, or handicap of such personnel. Vendors doing business with S.B.C.U.S.D. certify that their company is an Equal Opportunity Employer, and has made a good faith effort to improve minority employment, and agrees to meet federal and state guidelines.

This information is true and correct to the best of my knowledge. I understand that the vendor is responsible for all city/county/state/federal rules and ordinances and to update the above information as needed.

Signature: _____ Date: _____

Name: _____ Title: _____

Please mail completed form to the address listed above, **Attn: Purchasing Office** or email latoya.smith@sbcusd.com. We look forward to adding your name to our vendor source files.