

Post-it® Fax Note	7671
To	Ryan
Co./Dept.	
Phone #	
Fax #	

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Oakland Community College Vendor Profile Form

- Individual SSN _____ (earnings are 1099 Reportable)
- Corporation EIN _____ D & B No. _____

Name _____	Contact Name _____
Address _____	Title _____
City, State, Zip _____	Phone _____
Website URL _____	Fax _____
Discount Terms _____	E-Mail _____

- Purchase Order Address
- Remit Address
- Local Office/Sales Address
- Other, specify _____

- Purchase Order Address
- Remit Address
- Local Office/Sales Address
- Other, specify _____

Company Name _____

Address _____

City, State, Zip _____

Contact _____

Title _____

Phone _____ Fax _____

E-Mail _____

Company Name _____

Address _____

City, State, Zip _____

Contact _____

Title _____

Phone _____ Fax _____

E-Mail _____

Please indicate below the types of commodities and/or services your organization provides to the College:

Please indicate if your business qualifies as one or more of the following:

- Minority-Owned Business (MBE)
- Woman-Owned Business (WBE)
- ADA-Registered Business (ADA)

Please complete this form and return to Oakland Community College, Purchasing Services, 2480 Opdyke Road, Bloomfield Hills, MI 48304 or by fax to 248-341-2085. If you have any questions, please call 248-341-2080 or e-mail purchasing@oaklandcc.edu.