



# Superior Court of California County of Calaveras

400 Government Center Drive

San Andreas, California 95249

[www.calaveras.courts.ca.gov](http://www.calaveras.courts.ca.gov)

## VENDOR APPLICATION

Please complete all of the following information, where applicable:

Tax ID # (FEIN or SSN): \_\_\_\_\_

Organization Type:    ( ) Corporation            ( ) Individual/Sole Proprietor            ( ) Joint Venture  
                                  ( ) LLC                                    ( ) Partnership/Limited Partnership    ( ) Non Profit

Tax Exempt

Name of Company/Firm (*as shown on Federal Tax return*): \_\_\_\_\_

Alternate name, if applicable (*doing business as*): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact person: \_\_\_\_\_ Business Ph#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Company / Firm's website address: \_\_\_\_\_

Payment address (*if different from address above*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Business E-mail address: \_\_\_\_\_

Are you currently employed or have you ever been employed by another court? ( ) Yes or ( ) No

If yes, please specify employment dates: \_\_\_\_\_

Requestor/Vendor's Signature: \_\_\_\_\_ Date requested/sent: \_\_\_\_\_

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**For Fiscal Use Only:**

\_\_\_\_ **New Vendor** (*A completed and signed Payee Data Form or W-9 from the vendor (Required)*)

\_\_\_\_ **Vendor Change** (*Provide changes below, where applicable*)

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GL Account: \_\_\_\_\_ PECT: \_\_\_\_\_ Fund: \_\_\_\_\_

Vendor #: \_\_\_\_\_ Date received by Fiscal: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_