

**VENDOR APPLICATION - County of Alameda**

**Mail, Email or FAX to: ALAMEDA COUNTY GENERAL SERVICES AGENCY PURCHASING DEPARTMENT**  
1401 Lakeside Drive, Suite 907, Oakland, California 94612

**FAX NUMBER: (510) 208-9626**  
**E-Mail: PAMGR@co.alameda.ca.us**

- Request:**
- Add new vendor
  - Add new doing-business-as (DBA) name for existing vendor
  - Add new address for existing vendor
  - Change:  Name  DBA  Address for existing vendor **(Check one)**
  - Other

**Vendor Information:**

Full Legal Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

- Type of Entity :
- Individual
  - Sole Proprietor
  - Partnership
  - Corporation
  - Tax-Exempted
  - Government or Trust

Check the boxes that apply :

- Goods Only
- Goods & Services
- Rents/Leases
- Legal Services
- Rents/Leases paid to you as the agent
- Medical Services
- Non-Medical Services – Describe: \_\_\_\_\_
- Other \_\_\_\_\_

Federal Tax ID Number **(required)**: \_\_\_\_\_

PO Box/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Vendor Contact's Name: \_\_\_\_\_

Contact's Telephone: \_\_\_\_\_ FAX \_\_\_\_\_ Toll-Free \_\_\_\_\_

Vendor Contact's E-mail address: \_\_\_\_\_

**Please check all that apply:**

- LOC  Local Vendor (Has street address and business license within Alameda County)
- SML  Small Business (as defined by Small Business Administration)
- WOM  Woman Owned Business (greater than 50%)
- AFA  African American Ownership (greater than 50%)
- ASN  Asian Ownership (greater than 50%)
- HIS  Hispanic Ownership (greater than 50%)
- NAM  Native American Ownership (greater than 50%)

**List the Supplies and/or Services Vendor is Interested in Providing; include Standard Industry Classification (SIC) if known:**

\_\_\_\_\_  
\_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be Completed by Auditor's Office/GSA Purchasing**

**Acknowledged by:** \_\_\_\_\_ **on** \_\_\_\_\_ **(date)**

\_\_\_ The Auditor's Office/GSA Purchasing Department added/modified the vendor record according to the information provided above. **The assigned vendor number is:** \_\_\_\_\_

\_\_\_ The Auditor's Office/GSA Purchasing Department could not add or modify the vendor record for the following reason(s): \_\_\_\_\_

- Please resubmit this form with the requested information.