



COASTAL ALABAMA
COMMUNITY COLLEGE

Vendor Contact Form

Company Name: _____

Email Address: _____

Order Address: _____

Street City State Zip

Phone: _____ Fax: _____

Contact: _____

Physical

Address: _____

Street City State Zip

Phone: _____ Fax: _____

Contact: _____

Remit

Address: _____

Street City State Zip

Phone: _____ Fax: _____

Contact: _____

Is this Business Minority Owned? Yes No

African American Native American

Asian/Pacific Islander Other

Hispanic

I certify I have read and understand that the acceptance of this request to become a vendor constitutes agreement to the following order conditions. The purchase of materials and services furnished or provided by this request shall be governed by the laws of the State of Alabama Certification Pursuant to ACT No. 2006-557: Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with ACT No. 2006-557 they are not barred from bidding or entering a contract pursuant to 41-4-116 and acknowledges that the awarding authority may declare the contract void if the certification is false. _____

Signature

Date