Business Information Request

Dear SCAQMD Contractor/Supplier:

South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, remember to sign all documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department**
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Sujata Jain
Deputy Executive Officer
Finance

DH:tm

Enclosures:  
- Business Information Request
- Disadvantaged Business Certification
- W-9
- Form 590 Withholding Exemption Certificate
- Federal Contract Debarment Certification
- Campaign Contributions Disclosure
- Direct Deposit Authorization
**BUSINESS INFORMATION REQUEST**

<table>
<thead>
<tr>
<th>Business Name</th>
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<tbody>
<tr>
<td>Division of</td>
<td></td>
</tr>
<tr>
<td>Subsidiary of</td>
<td></td>
</tr>
<tr>
<td>Website Address</td>
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</tbody>
</table>

**Type of Business**

- Individual
- DBA, Name ______________, County Filed in ______________
- Corporation, ID No. ______________
- LLC/LLP, ID No. ______________
- Other ______________

**REMITTING ADDRESS INFORMATION**

<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td>City/Town</td>
<td></td>
</tr>
<tr>
<td>State/Province</td>
<td>Zip</td>
</tr>
<tr>
<td>Phone</td>
<td>( ) - Ext</td>
</tr>
<tr>
<td>Contact</td>
<td>Title</td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Payment Name if Different</td>
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</tbody>
</table>

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

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Diamond Bar, CA  91765-4178