

**Brazosport College Vendor Questionnaire**  
500 College Drive, Lake Jackson, TX 77566, Ph. (979) 230-3214, FAX: (979) 230-3344

Please complete & sign this questionnaire and return it to the Business Services Office as soon as possible. Thank you.

**Business Profile**

Date: \_\_\_\_\_ Taxable? \_\_\_\_\_ Non-Taxable? \_\_\_\_\_ (Attach State Tax Exemption Certificate)  
Legal Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ FAX#: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Have you or any of the partners/officers/members ever filed or participated in a filing for Bankruptcy? Yes? \_\_\_ No? \_\_\_  
If so, what year? \_\_\_\_\_ State? \_\_\_\_\_

**Proprietorship**

Owner: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_

**General Partnership**

Partner: \_\_\_\_\_ Partner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Corporation**

President/CEO: \_\_\_\_\_ Vice-President: \_\_\_\_\_  
Sec/Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
State Incorporated: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

**TRS Reporting**

Are there employees in your company, who will be working at Brazosport College receiving a monthly Teacher Retirement benefit?  
Yes? \_\_\_ No? \_\_\_ If yes, please provide the information below. Use additional sheet as needed.  
SS#: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

**Conflict of Interest**

Are any of the owners of your business currently an employee or Brazosport College or related to a Brazosport College Employee, Regent, or Trustee? Yes? \_\_\_ No? \_\_\_\_\_. If so, please provide information below. Use additional sheet as needed  
SS#: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

**Insurance Information**

Insurance Agency: \_\_\_\_\_ Contact: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Bank/Business References**

1. \_\_\_\_\_  
Name/Address/Contact/Phone/Fax  
2. \_\_\_\_\_  
Name/Address/Contact/Phone/Fax  
3. \_\_\_\_\_

I \_\_\_\_\_ certify that the above information is complete and correct.

\_\_\_\_\_  
Name Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature