



## VENDOR DEMOGRAPHICS FORM

PLEASE ATTACH W9 TO THIS FORM

150 South Palm Avenue  
Rialto, CA 92376  
909-820-2525  
www.yourrialto.gov

**Organization's Legal Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

If different from physical

**Contact Person #1:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person #2:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Email:** \_\_\_\_\_