

NEW VENDOR MAINTENANCE FORM

This form must be completed and turned in to the high school bookkeeper BEFORE a Purchase Order will be issued.

NAME:				Circle Y or N for each item below:
MAILING ADDRESS:				Local Vendor: Y N
CITY:	STATE	ZIP:		Minority Vendor: Y N
CONTACT NAME:				Is Vendor incorporated? Y N
TELEPHONE NO: ()				
FAX NO: ()				

Must have a copy of the EIN (Employer Identification Number) certificate OR, if no EIN, a copy of vendor's Social Security card. The copy of the EIN certificate or SSN card must be on file with the bookkeeper BEFORE a check will be issued to the vendor. If vendor is incorporated, need a copy of incorporation certificate and EIN certificate.

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