VENDOR APPLICATION

Mail or Fax completed form to:
Mobile County Public School System/Purchasing Department
PO Box 180069
Mobile, AL 36618
Phone: (251) 221-4473 Fax: (251) 221-4472

	☐ New Vendor ☐ Existing Vendor, but change in information
Legal Name of Company (As recorded with the IRS)	**MCPSS Assigned Vendor # (if known)**
Check appropriate box: ☐ Corporation ☐ Partnership ☐ Individual/Sole Proprietor ☐ Non Profit	**Tax ID Number (FEIN/SSN) - Required** **Social Security Number** _ _ _ - _ _ - _ _ _ _ **or** **Employer Identification Number** _ _ - _ _ _ _ _ _ _
School Employee requesting your application: **(MUST BE COMPLETED)** **Name:** **School/Department:**	
ADDRESS	
CITY **STATE** **ZIP CODE**	
TELEPHONE NUMBER **( )**	**FAX NUMBER** **( )**
INTERNET ADDRESS FOR BUSINESS	
Address used for ☐ Bids ☐ Purchase Order **(check all that apply)** ☐ Remittance	
Additional Address	
ADDRESS	
CITY **STATE** **ZIP CODE**	
TELEPHONE NUMBER **( )**	**FAX NUMBER** **( )**
Address used for ☐ Bids ☐ Purchase Order **(check all that apply)** ☐ Remittance	

I hereby certify that the information contained herein is correct and that I understand that any misrepresentation of information could cause cancellation by the Mobile County Public School System. I certify that I will not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age or marital status. I further certify that neither the applicant nor any person in any connection with the applicant as a principal or officer, so far as is known, is not debarred or otherwise declared ineligible by any federally funded program or agency, or by the Mobile Conty Public School System, from bidding for furnishing materials, supplies or services to any agency thereof.

SIGN HERE _____ **DATE** _____

NAME OF PERSON SIGNING (Please type or print name) _____

TITLE _____

APPLICATION MUST BE COMPLETED BY VENDOR