

# Vendor's Application

Purpose- This form must be completed in order for the Chesterfield County School District to process the correct information regarding **your company** into our computer system. The information provided will ensure that purchase orders and checks are sent to the correct address, and **MUST BE** completed before an order or payment remittance can be processed to your company.

**Instructions-**

1. Please complete this application and return to Chesterfield County School District, Procurement Department, 401 West Blvd., Chesterfield, SC 29709 Telephone # 843-623-3436 Fax # 843-623-3434
2. Send your W-9 along with this form by mail or fax to address listed in #1 above.
3. Send any catalogs or brochures by mail to the attention of the Procurement Department.

**Remit to address:** (For mailing payments)

Vendor \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 PO Box \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone number (\_\_\_\_\_) \_\_\_\_\_  
 Fax number (\_\_\_\_\_) \_\_\_\_\_

**Mail purchase orders to:** (if different)

Vendor \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 PO Box \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Fax number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Tax information (REQUIRED):**

( Send your W-9 along with this form)

Federal ID# \_\_\_\_\_

If individual, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number

Do you remit taxes to South Carolina? \_\_\_\_\_  
(Yes) (No)

S. C. Retail License # \_\_\_\_\_

**Vendor's usual terms**

Cash discount \_\_\_\_\_ Payment terms \_\_\_\_\_

Trade discount \_\_\_\_\_ Minimum order \_\_\_\_\_

**Product or Service provided** \_\_\_\_\_

**Type of business:** \_\_\_\_\_ Retail Dealer \_\_\_\_\_ Wholesale dealer \_\_\_\_\_ Manufacturer

\_\_\_\_\_ Minority Business \_\_\_\_\_ Non-Profit Organization \_\_\_\_\_ General Contractor

\_\_\_\_\_ Architect/Engineer \_\_\_\_\_ Other (Specify) \_\_\_\_\_

President/Owner: \_\_\_\_\_ Authorized representative \_\_\_\_\_  
(type or print) (type or print)

Verification (I hereby certify the information supplied is correct) \_\_\_\_\_  
Printed name of person completing this form

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of person completing this form