

**BAY DISTRICT SCHOOLS PURCHASING DEPARTMENT
VENDOR APPLICATION**

**NEW EMPLOYEE
NEW VENDOR**

Fax Number: (850) 872-7752

**UPDATE EMPLOYEE
UPDATE VENDOR**

INSTRUCTIONS: Complete all fields of this application and return it to the Purchasing Department at Purchasing@bay.k12.fl.us. **Applications sent in without the required fields completed will not be processed.**

ADDRESS FOR BIDS, QUOTES/ORDERS (Required Field)	REMIT TO ADDRESS: (IF DIFFERENT)
COMPANY APPLICANT'S NAME	COMPANY APPLICANT'S NAME
PO BOX	PO BOX
STREET ADDRESS	STREET ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
CONTACT NAME	CONTACT NAME
PHONE	FAX

EMAIL ADDRESSES: CONTACT PERSON / TO SEND PURCHASE ORDERS: **(Required Field)**

BUSINESS INFORMATION (Required Field)

OWNERSHIP 1. SOLE PROPRIETORSHIP 2. PARTNERSHIP 3. CORPORATION 4. OTHER _____

TAX INFORMATION (Required Field)

The Internal Revenue Service (IRS) Codes require us to have the Taxpayer's Identification Number (TIN) on file for all individuals or non-corporate businesses receiving payments after January 1, 1984. There are substantial IRS penalties if we do not comply. Furthermore, under Federal income tax law, you are subject to certain penalties if you do not provide us with your correct social security number or other taxpayer identification number.

If you are an individual or non-corporate company, please indicate your Taxpayer ID. If your company is incorporated, please indicate your Employer ID Number.

Number: _____

VENDORS MUST ATTACH A COMPLETED IRS FORM W-9 TO THIS APPLICATION WHEN SUBMITTING. YOU MAY DOWNLOAD THE FORM AT WWW.IRS.GOV/PUB/IRS-PDF/FW9.PDF

ADDITIONAL INFORMATION: (Required Field if Applicant is Employee of BDS)

The above listed applicant is an employee with Bay District Schools at/in the school/department listed below.

_____ (Name of School or Department)

REQUESTING CENTER (Required Field)

School/Department requesting vendor setup: Contact Person Phone Number