

**SUMTER COUNTY SCHOOL BOARD
VENDOR APPLICATION**

FB-037
5/2013

2680 WEST COUNTY ROAD 476
BUSHNELL, FLORIDA 33513

PHONE: (352)793-2315

FAX: (352)793-4963

New Vendor

Information Change

**PLEASE TYPE OR PRINT NEATLY. APPLICANT MUST COMPLETE ALL SPACES PROVIDED
OR APPLICATION WILL NOT BE PROCESSED.**

Company/Individual Name on IRS Record

Phone #

Company DBA Name – *payments will be made payable to this name*

Fax #

Address (PO Box, number, street, apt or suite number, city, state, 9-digit zip required)

Contact name & title

Are any Owners or Partners of this company a relative of a Sumter County School District employee? Yes No

If yes, how are they related _____

Purchase Order Information

Phone #

Fax #

(PO Box or street, city, state, 9-digit zip)

E-Mail Address

Preferred Method of PO Dispatch: US Mail E-Mail Fax

Remit to Information

(PO Box or street, city, state, 9-digit zip)

E-Mail Address

1099 Information

U.S. Taxpayer Identification Number (TIN)

The TIN provided must match the name on IRS Record to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

SSN: _____ EIN: _____

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Check appropriate box for federal tax classification (required):

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Other _____

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____

Signature

Print

Date