SUMTER COUNTY SCHOOL BOARD VENDOR APPLICATION

FB-037 5/2022

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. AP	PLICANT MUST CO.	MPLETE ALL SPACES PROVIDED	
OR APPLICATIO	ON WILL NOT BE PI	ROCESSED.	_
		<u></u>	
Company/Individual Name on IRS Record		Phone #	
Company DBA Name – payments will be made payable to this no	ате	Fa x#	
Address (PO Box, number, street, apt or suite number, city, state,	, 9-digit zip required)		_
Contact name & title		-	
Are any officers, owners or partners employees of School Board YES NO	of Sumter County? Do yo	u have any family members who are employees?	
If yes, how are they related		(Required)	
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>U.S. Taxpay</u>	ver Identification Number(TI	N <u>)</u>	
The TIN provided must match the name on IRS Record to avoid backup. For other entities, it is your Employer Identification Number (EIN).	withholding. For individuals,	this is your Social Security Number (SSN).	
SSN:	EIN:		
Certification: Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer idea	ntification number (or I am	waiting for a number to be issued to me),	
 and I am not subject to backup withholding because: (a) I am enderenal Revenue (IRS) that I am subject to backup withhold IRS has notified me that I am no longer subject to backup with a unit in a u	ding as a result of a failure		
Check appropriate box for federal tax classification (required	d):		
Individual/sole proprietor C Corporation S C	orporation Partnersh	nip Trust/estate Other	
Limited liability company. Enter the tax classification (C=C cor	poration, S=S corporation, P=	=partnership)	

Print

Date

Signature