

## **NEW VENDOR REQUEST FORM**

After the following information has been completed, please email this page back to the Board Office to [barbara.obrien@wwrsd.org](mailto:barbara.obrien@wwrsd.org) .

### **VENDOR REMIT TO NAME**

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### **VENDOR REMIT TO ADDRESS (may be more than one)**

Address

City

State

Zip

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**VENDOR INDEX NAME:** This name references who the PO is mailed to; may be different from the 'Vendor Remit To' name. Ex. McGraw-Hill is the 'Remit To' name and Everyday Learning is the 'Vendor Index Name'

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### **VENDOR PO MAILING ADDRESS**

Address

City

State

Zip

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Contact Name

Telephone #

Fax #

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Email Address

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### **STATE CONTRACT #s (if applicable)**

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### **VENDOR - Fed ID # / SSN #**

Fed ID #:

SSN #:

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**Check Box if Vendor is Incorporated.** ☐

**Business Registration Certificate #** \_\_\_\_\_  
(copy of form to be forwarded with this request)

### **NOTES ABOUT THE VENDOR (optional)**

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