



VENDOR APPLICATION FORM
Non-Public/Private Schools

Please submit the completed, signed and dated **Vendor Application Form, W-9 Form** and **certification documents** to the address on the bottom of the form or email documents to **federalprograms@bhm.k12.al.us**.

APPLICANT INFORMATION		<input type="checkbox"/> New Vendor	<input type="checkbox"/> Update Existing Vendor
Name of School Requesting to Add Vendor to Directory		Contact Person at School	
Vendor Name:			
Tax ID No. (Federal ID No. or SSN):			
Address:			
City:	State:	Zip Code:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual/Sole Proprietor/Single Member LLC <input type="checkbox"/> Other <input type="text"/>		Please Check All That Apply Below, if applicable: <input type="checkbox"/> Minority-Owned Business Enterprise (MBE) <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) <input type="checkbox"/> Disadvantage Business Enterprise (DBE) <input type="checkbox"/> Small Disadvantage Business (SDB) <input type="checkbox"/> Other	
Services/Products Offered: <input type="checkbox"/> Professional Services/Consulting <input type="checkbox"/> Parts / Supplies / Equipment <input type="checkbox"/> Other		<input type="checkbox"/> Not Applicable Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If certified, please attach a copy of the certification.	
What Specific Services/Products Do You Offer?		Are you interested in receiving ACH Payments? In lieu of receiving a check, your company's payment will be sent via electronic transfer and automatically credited to your bank account. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT INFORMATION		
Name:	Phone:	
Fax:	Email:	
REMIT TO ADDRESS	Address:	
City:	State:	Zip Code:
Email for Purchase Orders:		
I hereby certify that to the best of my knowledge the information provided is true and accurate.		
Signature of Authorized Person	Title of Authorized Person	Date

For Federal Programs Department		
Vendor ID #:	Processed By:	Date: