

**Dexter Community Schools  
Vendor Information Form**

Business Name/Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Website \_\_\_\_\_  
Employer Identification Number/SSN \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ ext. \_\_\_\_\_  
Fax \_\_\_\_\_

Please use this information for:

- Primary Contact
- Remittance of payments
- Purchasing
- Tax form-1099
- Fax P.O.
- Email P.O.

Additional Information (complete additional forms if appropriate)

- Purchasing Contact    Sales Contact    Service Contact    Other Contact \_\_\_\_\_  
 Remittance of payment    Tax form -1099    Fax P.O.    Email P.O.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ ext. \_\_\_\_\_  
Fax \_\_\_\_\_

Purchasing Information (please indicate preferred)

- Fax P.O. to \_\_\_\_\_    Email P.O. to \_\_\_\_\_    Mail P.O. to \_\_\_\_\_

Payment Information (please indicate preferred)

- Please issue check for payments  
 Please process payments by ACH      Account Type    Checking       Savings  
Bank name \_\_\_\_\_      Routing Number \_\_\_\_\_      Account Number \_\_\_\_\_

Completed by \_\_\_\_\_      Email \_\_\_\_\_      Phone \_\_\_\_\_

Please return to:  
Dexter Community Schools  
2704 Baker Rd  
Dexter, MI 48130  
[accountspayable@dexterschools.org](mailto:accountspayable@dexterschools.org)  
Fax (734) 424-4111

|   |
|---|
| For Business Office Use: Vendor # _____ |
| Entered NWS by _____ date _____         |
| W-9 received _____ date _____           |