



# JACKSON COUNTY PUBLIC SCHOOLS

## Vendor Application

**IMPORTANT:** Please be sure to complete, sign, and return the **W-9 form** with this **Vendor Application**.

**Return to:** Purchasing at [purchasing@jcpsmail.org](mailto:purchasing@jcpsmail.org) or mail to 398 Hospital Road, Sylva, NC 28779

<b>Federal ID#:</b>	<b>SS#:</b>
<b>Vendor Name:</b>	
<b>Contact Person:</b>	<b>Email:</b>
<b>ORDER ADDRESS</b>	<b>REMIT TO ADDRESS</b>
<b>Street:</b>	<b>Street:</b>
<b>City:</b>	<b>City:</b>
<b>State, Zip Code:</b>	<b>State, Zip Code:</b>
<b>Telephone:</b>	<b>Fax:</b>

<b>Type of Business</b> (must indicate EIN#)	<b>Minority Status</b> (if applicable)
Corporation	Disabled
Proprietor/Individual (SS#) _____	Women Business Enterprise
Partnership (SS#) _____	Minority Business Enterprise
Other	

*I/We certify that the number shown on this form is our correct taxpayer identification number and that I/We are not subject to withholding tax.*

*To qualify for M/WBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are: African Americans, Hispanic Americans, Native Americans, Asian Pacific, or Asian Indians, and American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons. If checked, I/We certify that we meet the federal requirements for minority status and are registered with NC DOA Office for Historically Underutilized Businesses as a HUB vendor.*

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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Do you wish to be on our Bidders List **(if yes, complete remainder of application)?**      Yes      No

### Product(s) and/or Service(s)

Please list the type of product(s) and/or service(s) that your company can provide:



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### Business References

Customer Name:	Customer Name:
Address:	Address:
Telephone:	Telephone:
Prod./Serv. Provided:	Prod./Serv. Provided:
Date Provided:	Date Provided:

Customer Name:	Customer Name:
Address:	Address:
Telephone:	Telephone:
Prod./Serv. Provided:	Prod./Serv. Provided:
Date Provided:	Date Provided:

Customer Name:	Customer Name:
Address:	Address:
Telephone:	Telephone:
Prod./Serv. Provided:	Prod./Serv. Provided:
Date Provided:	Date Provided: