

FORT MILL SCHOOLS

FORT MILL SCHOOL DISTRICT VENDOR INFORMATION FORM

COMPANY NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT/REMIT ADDRESS if differnt from above: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE?

YES NO

IF YES, PLEASE PROVIDE STATE(S) OF CERTIFICATION: _____

AND YOUR CERTIFICATION NUMBER(S): _____

NAME & TITLE (PRINT): _____

SIGNATURE: _____ DATE: _____

Send completed and signed form with a copy of W-9 to Fort Mill School District.