



**Richland School District
Purchasing
6972 Keene Road
West Richland, WA 99353
(509) 967-6018**

Vendor #: _____

New Vendor - Information Form

Please fax completed form and W-9 to: **Purchasing Fax @ 509-942-2401**

or email them to **Purchasing@rsd.edu**

To Be Completed by Vendor

Name of Firm: _____

Name of Owner (if sole proprietor): _____

Federal Employer ID# (FEIN): _____ SSN _____ UBI # _____

Address _____

Address _____

City _____ State _____ Zip Code _____

Contact Person: _____ E-Mail (required): _____

Phone Number _____ Fax Number _____

Do you accept School District Purchase Orders? Yes No PO Fax Number: _____

PO Email: _____

Do you accept School District Procurement Cards? Yes No

PLEASE NOTE:

A W-9 form is required for each new vendor and is included with this form.

Section 6723 of the Internal Revenue Code requires that we have your Taxpayer Identification Number (TIN) on file. If you do business as an **INDIVIDUAL** or **SOLE PROPRIETOR**, your TIN is your **Social Security Number**, if not, then the TIN needed is your **Employer Identification Number (FEIN)**.

Please be sure that the firm and/or owner name you provide is the same name you use to file your income taxes to avoid mismatching by the IRS and subsequent backup withholding of payments.

The number shown on this form is my correct Taxpayer Identification Number:

RSD's preferred method of payment is the ACH/EFT. Please indicate if the ACH/EFT process is acceptable.

Yes No

*If you check YES we will mail you out a separate form to enroll

Signed By _____ Current Date _____