



OCEAN VIEW SCHOOL DISTRICT VENDOR INFORMATION FORM

Prior to doing business with OVSD, your organization or company information must be added or verified in our system in order to process any type of payment and/or issue a purchase order. Please complete this vendor information form and return it via email to purchasing@ovsd.org. If further assistance is needed, please contact us at (714) 847-2551 EXT 1416 or 1417.

Company/ Business Name (as shown on your income tax): _____

Other Name(s)/ "Doing Business As" (DBA): _____

Company Service: _____

Primary Telephone Number: (____) _____ - _____ Other: (____) _____ - _____

Fax Number: (____) _____ - _____ Email Contact: _____ @ _____

Does your business/company/organization accept Purchase Orders: Yes No?

Email/ Phone Number/ Hand Mail Purchase Orders to: _____

TRADE TERM DISCOUNTS OR SPECIAL OFFERS: _____

MAILING ADDRESS	REMIT ADDRESS (IF DIFFERENT FROM MAILING)
Address:	Address:
City/State/Zip:	City/State/Zip:
Attention:	Attention:

Accounting Information

Accounts Receivable Primary Contact: _____

Telephone Number: (____) _____ - _____ EXT _____

Title: _____ Email: _____