



## VENDOR REGISTRATION FORM

Please submit the following information regarding **your** company: Please note; the vendor will not be added without a Southfield School/Department contact listed (**this is the person that you are directly working with at SPS**).

### Part 1 - General Information Section (as shown on YOUR tax return)

- 1) First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
**and/or**
- 2) Business name/disregarded entity name (if different from above) \_\_\_\_\_
- 3) Type of Business - Check appropriate box for federal tax classification:  
 Individual/Sole Proprietor or Single member LLC  
 Partnership  
 Limited Liability Company - Enter the tax classification (C Corp, S Corp, Partnership) \_\_\_\_\_  
 Corporation providing medical and health care services  
 C Corp (State or Country)  
 S Corp (State or Country)  
 Trust/estate  
 Non-Profit Institution/Organization
- 4) Exemptions (codes apply only to certain entities, not individuals) \_\_\_\_\_ Exempt Payee Code \_\_\_\_\_ Exempt from FACTA
- 5) W9/Main Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 6) SSN: \_\_\_\_\_ TIN: \_\_\_\_\_
- 7) Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Southfield Public Schools Dept./School Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Part 2 - Goods & Services

List all **NAICS** codes that identify your company's specific industry (at least one, North American Industry Classification System, code must be entered. Visit [www.naics.com](http://www.naics.com) and click on NAICS code search to locate.) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Part 3 - Purchase Order Mailing Address (Where you want to receive YOUR PO)

PO Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
PO Notification Email: \_\_\_\_\_  
PO Phone: \_\_\_\_\_ PO Fax: \_\_\_\_\_

### Part 4 - ACH/EFT Payment Agreement (Where you want to receive YOUR payments)

Southfield Public Schools can now send your payment directly to your bank by ACH/EFT. This section is optional but highly recommended.

I hereby acknowledge that Southfield Public Schools will make payments due to \_\_\_\_\_ to the account identified below and authorize the Depository Financial Institution to accept these deposits. Adjusting entries to correct errors are also authorized. I also acknowledge that it is my responsibility to inform Southfield Public Schools of any changes to the information provided below. Please provide the following information:

Bank (or Credit Union) Name: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_  
Bank (or Credit Union) Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
EFT Notification Email / Phone Number: \_\_\_\_\_ / \_\_\_\_\_

or

\_\_\_\_\_ I wish to continue to receive payments **by check only**.

Remit (Check) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Part 5 - Registration Acknowledgment/Certification

1) By signing below, the individual represents that the information provided above is accurate and that the signer has the authority to make this agreement on behalf of the vendor, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person. 4) the FATCA code(s) (if any) are correct.

\_\_\_\_\_  
Print Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: [purchasing@southfieldk12.org](mailto:purchasing@southfieldk12.org) or  
Southfield Public Schools, 24661 Lahser Road, Southfield, MI 48033 or Fax 248.746.8812