

## Supplier Information

### CHARTER SCHOOLS

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). Purchase orders are **required** for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order. To view the Terms and Conditions, go to [Doing Business with the District](#) then select Terms and Conditions.

For questions on this form, please contact Sharon Kovner at

Phone: (561)434-7315 (Email): [sharon.kovner@palmbeachschools.org](mailto:sharon.kovner@palmbeachschools.org) or Fax: (561)434-8568

#### **ORDER TO:**

Business Name \_\_\_\_\_

Business Name, if different than above \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Email Address for Electronic Purchase Orders \_\_\_\_\_

Fax Number \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

#### **REMIT PAYMENT TO:**

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### **COMPLETED BY**

Title \_\_\_\_\_

Date \_\_\_\_\_

Use the attached form "**Divisions or Subsidiary Companies**" that fall under the parent company and use the same tax ID number (TIN) but they have different order to and remit to locations.

## Supplier Information for Divisions or Subsidiary Companies

Indicate N/A here if not applicable \_\_\_\_\_

This part of the form is used for Divisions or Subsidiary companies that fall under the parent company and use the same tax ID number (TIN) but have different order to and remit to locations, including fax numbers and email addresses for Purchase Orders, please complete the following:

Parent Company Name \_\_\_\_\_

**ORDER TO:** Taxpayer ID Number \_\_\_\_\_

Division/Subsidiary Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Email Address for Electronic Purchase Orders \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**REMIT PAYMENT TO:**  Same as above

Division/Subsidiary Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

COMPLETED BY \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_