



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: JOE Middle Name: _____ Last Name: SAMPLE
and/or

2) Business name/disregarded entity name **(if different from above)** JOEY SAMPLE LLC

3) Type of Business - Check appropriate box for federal tax classification:

☒ Individual/Sole Proprietor or Single member LLC	☐ Partnership Trust/estate	☐ Limited Liability Company - Enter the tax classification (C Corp, S Corp, Partnership) _____	☐ Corporation providing medical and health care services ☐ Non-Profit Institution/Organization
☐ C Corp (State or Country)			
☐ S Corp (State or Country)			

4) Exemptions (codes apply only to certain entities, not individuals) _____ Exempt Payee Code _____ Exempt from FACTA

5) W9/Main Address: 12345 SAMPLE ST City: SAMPLE CITY State: MI Zip Code: 48219

6) SSN: 123-45-6789 TIN: 98-7654321

7) Website: WWW.SAMPLESITE.COM Email Address: INFO@SAMPLESITE.COM

Southfield Public Schools Dept./School Contact Name: Who are you working with at SPS? Title: The title of the person who you are working with.

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 and click on NAICS code search to locate.) COMPLETE, ONLY, IF, APPLICABLE

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

PO Address: THIS COULD BE THE SAME AS ABOVE City: _____ State: _____ Zip Code: _____

PO Notification Email: THIS COULD BE THE SAME AS ABOVE

PO Phone: THIS COULD BE THE SAME AS ABOVE 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 ENTER YOUR NAME 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: ENTER BANK NAME Checking: ☒ Savings: ☐

Bank (or Credit Union) Account #: MUST BE LEGIBLE Bank Routing #: MUST BE LEGIBLE

EFT Notification Email / Phone Number: THIS COULD BE THE SAME AS ABOVE / THIS COULD BE THE SAME AS ABOVE

☐ 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.

YOU MUST SIGN THIS DOCUMENT

Print Name / Title

Signature

Date

Please return to: **purchasing@southfieldk12.org** or
Southfield Public Schools, 24661 Lahser Road, Southfield, MI 48033 or Fax **248.746.8812**