

**Dexter Community Schools  
Vendor Information Form**

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

Address \_\_\_\_\_

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

Website \_\_\_\_\_

Employer Identification Number/SSN \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ ext. \_\_\_\_\_

Please use this information for:

- Primary Contact
- Remittance of payments
- Purchasing
- Tax form-1099
- Fax P.O.
- Email P.O.

Additional Information (complete additional forms if appropriate)

Purchasing Contact    Sales Contact    Service Contact    Other Contact \_\_\_\_\_

Remittance of payment    Tax form -1099    Fax P.O.    Email P.O.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Purchasing Information (please indicate preferred)

Fax P.O. to \_\_\_\_\_    Email P.O. to \_\_\_\_\_    Mail P.O. to \_\_\_\_\_

Required Information

Service Provided \_\_\_\_\_

Working Directly with Students?    Yes    No

Payment Information (please indicate preferred)

Please issue check for payments

Please process payments by ACH      Account Type    Checking       Savings

Bank name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Completed by** \_\_\_\_\_   **Email** \_\_\_\_\_   **Phone** \_\_\_\_\_

Please return to:

Dexter Community Schools

2704 Baker Rd

Dexter, MI 48130

[accountspayable@dexterschools.org](mailto:accountspayable@dexterschools.org)

Fax (734) 424-4111

For Business Office Use: Vendor # _____
Entered NWS by _____ date _____
W-9 received _____ date _____