

PROCUREMENT SERVICES VENDOR'S APPLICATION

**(Subject to any state and local laws)
 PROVIDE COMPLETED COPY OF W-9
 PROVIDE ALL REQUIRED DOCUMENTS**

To Be Completed by District
VENDOR NO. _____
ACCEPTANCE DATE: _____

NAME OF COMPANY: _____ TELEPHONE NUMBER : _____
 _____ FAX NUMBER: _____
 _____ WEB SITE: _____

E-Mail address: _____ **Finance Contact:** _____
 _____ **Finance Telephone:** _____

DOING BUSINESS AS: _____
 ADDRESS TO WHICH BIDS/QUOTES AND PURCHASE ORDERS ARE TO BE MAILED: _____

E-Mail address for Purchase Orders: _____

REMITTANCE ADDRESS: (IF DIFFERENT FROM ABOVE) _____ HOW LONG IN PRESENT BUSINESS _____

TYPE OF ORGANIZATION:
 INDIVIDUAL CORPORATION NON-PROFIT **(PROVIDE APPROPRIATE DOCUMENTATION)**
 IF CORPORATION INDICATE WHICH STATE _____

NAME OF OFFICER(S), OWNER(S) OR PARTNER(S) AND CONTACT(S) IN YOUR ORGANIZATION:
 (A) PRESIDENT _____ PRODUCTS ARE SOLD: _____
 (B) VICE PRESIDENT _____ DELIVERED _____ FOB _____ (IF SO FOB POINT)
 (C) SECRETARY _____ INVOICE TERMS (min. net 30) _____
 (D) TREASURER _____ NET WORTH: _____
 (E) OWNER/PARTNER _____ AVERAGE NUMBER OF EMPLOYEES: _____

PERSON AUTHORIZED TO SIGN BIDS, OFFERS, QUOTES AND CONTRACTS:
 NAME: _____ OFFICIAL CAPACITY _____ TEL. NO. _____

LIST TYPE OF EQUIPMENT, SUPPLIES, MATERIAL, AND/OR SERVICES ON WHICH YOU DESIRE TO RECEIVE BID SOLICITATIONS: _____

TYPE OF BUSINESS:
CATEGORY (CHECK ONE) BUSINESS ENTERPRISE MAJORITY OWNED
 MANUFACTURER ___ REGULAR DEALER ___ SMALL BUSINESS MINORITY
 SERVICE ESTABLISHMENT SURPLUS DEALER WOMAN OWNED AFRICIAN-AMERICAN
 CONSTRUCTION CONCERN GOVERNMENTAL A SIAN-AMERICAN OWNED HISPANIC
 WHOLESALE EDUCATIONAL NATIVE AMERICAN OWNED
 OTHERS **MARK ALL THAT APPLY**
 CERTIFIED: YES-if yes attach form(s) NO

I certify that information supplied herein is correct and neither the Applicant nor any person in any connection with the applicant a principal or officer, so far as is known, is now debarred, suspended or otherwise declared ineligible by any agency of the Federal Government, agencies of the State of South Carolina or by Charleston County School District.

Name: _____
 Title: _____
FEIN or SSN _____
Business License Number: _____
 TIN: _____

AUTHORIZED SIGNATURE: _____ **ARE YOU OR ANY FAMILY OR RELATIVES EMPLOYED BY CCSD: If yes state the nature.**