



# Lexington County School District One

## NEW VENDOR FORM

E-mail completed form with a current W9 to [Procurement\\_Orders\(@lexington1.net\)](mailto:Procurement_Orders@lexington1.net)  
Please allow two days for the vendor to be added/accessible in BusinessPlus.

### VENDOR TO COMPLETE THE BELOW INFORMATION:

**Date:**

(Completion of form)

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**Vendor Name:**

(As it appears on W-9)

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**Vendor Physical Address:**

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**Remit To Address:**

(Payment- If different from above)

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**Phone Number:**

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**Phone Number:**

(Alternate Phone Number)

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**\* E-mail Address:**

(Submit Purchase Order)

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Please use an email address that will not change if employees change to avoid delays in receiving purchase orders.

Is your Business a certified small or minority- owned business certified through the South Carolina Division of Small and Minority Business Contracting and Certification (SMBCC)? If yes, please include a valid SMBCC certification with this form.

SMBCC Certification Included?  Yes  No

**Office Use Only**

Requested by: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Vendor Number: \_\_\_\_\_