

**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

Fax (734) 424-4111

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