

JACKSON COUNTY SCHOOL DISTRICT
NEW VENDOR REQUEST FORM MUST BE COMPLETED BEFORE ANY PO BEING ISSUED

W-9 FORM MUST BE ATTACHED

SUPPLIES PROFESSIONAL SERVICES LABOR

VENDOR DESCRIPTION: _____

VENDOR NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____

E-MAIL: _____

WEBSITE: _____

PAYMENT ADDRESS IF DIFFERENT FROM ABOVE ADDRESS:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PAYEE NAME

EMAIL ADDRESS FOR ACCT RECEIVABLE: _____

LABOR (Mark all that apply)

ONSITE

OFFSITE

IF ONSITE: CERTIFICATE OF INSURANCE WITH JCSD NAMED AS AN ADDITIONAL INSURED MUST BE FAXED TO THE BUSINESS OFFICE BEFORE NEW VENDOR CAN BE ADDED.

Please include 3 references:

REFERENCES: NAME CONTACT PHONE

1. _____

2. _____

3. _____

UNIT OR PERSON REQUESTING NEW VENDOR: _____

PLEASE MAIL: THIS COMPLETED NEW VENDOR FORM
 COMPLETED W-9 FORM
 VENDOR'S INSURANCE FORM IF VENDOR DOES ON SITE LABOR

MAIL TO: JACKSON COUNTY SCHOOL DISTRICT, ACCOUNTS PAYABLE, 4701 COL. VICKREY RD, VANCLEAVE, MS 39565

NOTE: Based on Miss. Code Ann. § 31-7-305(2), all payment terms are net45.