

**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, VANCELEAVE, MS 39565**

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