

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: _____

E-Mail address: _____

Finance Contact: _____

DOING BUSINESS AS: _____

Finance Telephone: _____

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 _____
- (B) VICE PRESIDENT _____
- (C) SECRETARY _____
- (D) TREASURER _____
- (E) OWNER/PARTNER _____

PRODUCTS ARE SOLD: _____
 DELIVERED _____ FOB _____ (IF SO FOB POINT)
 INVOICE TERMS (min. net 30) _____
 NET WORTH: _____
 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)

MANUFACTURER ___ REGULAR DEALER ___
 SERVICE ESTABLISHMENT SURPLUS DEALER
 CONSTRUCTION CONCERN GOVERNMENTAL
 WHOLESALE EDUCATIONAL
 OTHERS

BUSINESS ENTERPRISE MAJORITY OWNED

SMALL BUSINESS MINORITY
 WOMAN OWNED AFRICIAN-AMERICAN
 ASIAN-AMERICAN OWNED HISPANIC
 NATIVE AMERICAN OWNED

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.