



2026-27 TPSD VENDOR FORM

Vendor: _____ DBA: _____

Are you affiliated with the Tupelo Public School District? ☐ Yes ☐ No

If yes, please check all that apply:

☐ Superintendent ☐ Board Member ☐ Principal ☐ Teacher ☐ Employee ☐ Employee Spouse

Federal Tax ID Number: _____ Telephone: _____

Company (on W-9): _____ FAX: _____

Primary Contact: _____ Email: _____

Secondary Contact: _____

Address/City/State/ZIP: _____

Remittance Address: _____

Type of Business

- | | | |
|---|---|---|
| ☐ Retailer | ☐ Distributor | ☐ Sole Proprietorship |
| ☐ Wholesaler | ☐ Manufacturer | ☐ Partnership |
| ☐ Service Firm | ☐ Manufacturer's Agent | ☐ Corporation |
| ☐ General Contractor | ☐ Sub-Contractor | ☐ Private Organization |

Nature of Business: _____

Signature: _____ Title: _____

Date: _____

- ☐ W-9 Attached — Domestic
☐ W-8 Attached — International

Office Use Only

- ☐ W-9 Received — Domestic
☐ W-8 Received — International
☐ Added To Vendor List