DISTRICT TWO
HARRISON SCHOOLS

VENDOR BUSINESS INFORMATION
Please return this form with your W-9 and Certificate of Insurance (if vendor will be on D2 Property)

Email to: _____
FAX #: _____
Mailing Address: Harrison School District 2
ATTN: _____
_____
_____

VENDOR NAME (**PAY TO :**)

1. VENDOR IDENTIFICATION INFORMATION

Another name for vendor? (AKA)(DBA)	
PHONE NUMBER	
FAX NUMBER	
WEB-SITE ADDRESS	
REP NAME & EMAIL	

2. VENDOR BUSINESS LOCATION (S) Complete column B & C *only if different* from column A.

LOCATION	**1099 ADDRESS (A) *REQUIRED**	**ORDERING ADDRESS (B)**	**REMIT ADDRESS (C)**
Street Address			
PO Box			
City			
State, Zip Code			

3. TAXPAYER IDENTIFICATION NUMBER

Social Security Number		**Federal EIN**	

4. TYPE OF ORGANIZATION: (Check only one)

☐	1) Individual/Sole proprietorship (1099)	☐	5) Non-Profit
☐	2) Corporation/professional services group (1099 if medical group, or attorney/lawyer group)	☐	6) Limited Liability Corporation (LLC) (1099)
☐	3) Governmental agency	☐	7) Professional services group (1099, if Med, Rental, Royalty)
☐	4) Partnership (1099)	☐	8) Other

5. CLASSIFICATION OF WORK PERFORMED (Check all that apply) (Internal Use – code "7" unless noted otherwise)

☐	Architect & Engineers	☐	General Supplier	☐	Professional service	☐	Tradesman (crafts)
☐	Advertising	☐	Maintenance / Repair services	☐	Public relation firms	☐	Transportation service
☐	Consultant	☐	Medical / physicians (6-1099)	☐	Rental / leasing (1-1099)	☐	Travel services
☐	Food / food services	☐	Manufacturer	☐	Training services	☐	Other services

6. VENDOR POINT OF CONTACT

Contact's Name: Phone #:

Contact's Email Address:

7. WHAT TYPE OF WORK IS TO BE PERFORMED FOR HARRISON SCHOOL DISTRICT 2:

8. VENDOR BUSINESS SIZE: The District desires to track small business awards. To assist with this tracking, please identify your company's business size below.

Small Business (SB) ☐ Large Business ☐ 1099 Vendor and SB ☐

Colorado PERA? Yes ☐ No ☐ If you answered yes, please list these individuls on a separate attachment.

Do you accept credit payments? Yes ☐ No ☐

Certification: Under penalties of perjury, I certify the Tax Id Number / other information shown is correct to the best of my knowledge.

_____ _____

Signature Date