

Lakeview School District
15 Arbor Street
Battle Creek, MI 49015
Phone: 269-565-2414
jcushman@lakeviewspartans.org

Dear Vendor:

In order to obtain accurate information for your company in our system to fit your payment option, please complete the form below and return it via any of the above options, **mail or email. You must also attached a copy of your W-9 form as well.**

If you choose payments via ACH, please attach a letter from your banking institution or a voided check. If you have any questions, please call me at 269-565-2414. Thank you for your cooperation.

Vendor Name: _____

Vendor Website: _____

Order From Address: _____

Remittance Address: _____

(If different) _____

Phone number: _____ Fax number: _____

Purchase Orders to be: _____ Emailed (email address: _____)

_____ U.S. Mail

PO Contact Name: _____

Payments to be: _____ Check via U.S. Mail

_____ ACH (email address of A/R person: _____)

Bank: _____

Routing Number: _____

Account Number: _____

Account Type: _____ Checking _____ Savings

A/R Contact Name: _____

Payment Terms: _____

Is your business subject to Form 1099 reporting? _____ Yes _____ No