



Billings Public Schools Vendor Application

A current signed W-9 form and Vendor Application are required before vendors will be added to the Billings Public Schools Vendor List.

Individual Name _____
Company Name _____
State Incorporated _____
Remit to Address _____
Contact Person _____
Business Phone _____
Fax Number _____
Cell Phone _____
Email address _____

Type of business provided: ___ Goods ___ Services Off-Site ___ Services On-Site

Are you Registered as a Business with the Secretary of State of MT? ___ No ___ Yes

Do you have an Independent Contractor Exemption Certificate (ICEC)? ___ No ___ Yes

Do you have proof of Worker's Comp Coverage and/or Liability Insurance ___ No ___ Yes

Are you a district employee? ___ No ___ Yes (If yes, refer to **Policy 7320**)

Does a Billings Public Schools employee have direct ownership with your company? ___ No ___ Yes
(If yes, please refer to **Policy 7320**)

Are you a MT TRS Member or a MT TRS Retiree? ___ No ___ Yes

Do you accept Purchase Orders? ___ No ___ Yes

Credit Cards? ___ No ___ Yes

Electronic payments? ___ No ___ Yes

Tax ID Number _____

Tax Classification _____

Social Security Number _____

Signature _____ Date _____

Please send a completed application, current W-9, and copy of ICEC if applicable to:

Mail: Attn: Accounts Payable E-mail: Accountspayable@billingschools.org Fax: 406-281-6179

Billings Public Schools

415 North 30th Street

Billings, MT 59101

Requested by: _____
(School or Department)