Lexington County School District One
NEW VENDOR FORM

E-mail completed form with a current W9 to
Vendor Submit: Procurement_Orders@lexington1.net
Lex1 Department Submit: Incident IQ
Please allow two days for the vendor to be added/accessible in BusinessPlus.

VENDOR TO COMPLETE THE BELOW INFORMATION:

Date:
(Completion of form) _____

Vendor Name:
(As it appears on W-9) _____

Vendor Physical Address: _____

_____

Remit To Address:
(Payment - If different from above) _____

_____

Phone Number: _____

Phone Number:
(Alternate Phone Number) _____

*** E-mail Address:**
(Submit Purchase Order.) _____
Please use an email address that will not change if employees change to avoid delays in receiving purchase orders.

Discount for prompt payment:

10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____Calendar Days (%)

Purpose check one: **Service** ☐ **Goods** ☐

Is your business a certified small or minority-owned business certified through the South Carolina Division of Small and Minority Business Contracting and Certification (SMBCC)? If yes, please include a valid SMBCC certification with this form.

SMBCC Certification Included? ☐ Yes ☐ No

Office Use Only

Requested by: _____

Entered by: _____

Date Entered: _____

Vendor Number: _____