VENDOR APPLICATION & MAINTENANCE FORM

ALL COMPANY INFORMATION WILL BE HELD CONFIDENTIAL. THE ADDITION OF YOUR COMPANY DOES NOT CONSTITUTE A COMMITMENT TO PURCHASE.

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If this information is not provided, your payments may be subject to 28% Federal Income Tax backup withholding and may be subject to a $50 penalty imposed by the Internal Revenue Service under Section 6723. Federal Law on backup withholding preempts any State or local law remedies, such as any right to a Mechanic's Lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payments to you. Backup withholding is not a failure to pay you. It is an advanced tax payment. You should report all backup withholding as credit for taxes paid on your Federal Income Tax return.

COMPLETE ALL FIELDS DISPLAYING AN (*)

* Please Check One

- ◯ Add New Vendor
- ◯ Make Changes to an Existing Vendor

COMPANY INFORMATION

* Legal Company Name

Doing Business As (DBA)

* TIN or SSN

* Type of Business/Company: (Check all that apply)

- ☐ Individual / Sole Proprietor
- ☐ Corporation
- ☐ Woman Owned
- ☐ Partnership
- ☐ LLC
- ☐ Minority Owned
- ☐ Other

COMPANY ADDRESS

* Street

* City

* State & Zip Code

* Country

REMITTANCE ADDRESS

* Remittance Company Name

Street or P.O. Box

City

State & Zip Code

Country

VENDOR CONTACT INFORMATION

* Contact Name

* Phone

* Email

* Purchase Order Email Address

* Are You Providing a Product?

◯ Yes ◯ No

* If Yes, what Type of Product?

* Are You Providing a Service?
(If yes, you MUST complete the Certification Statement Regarding Illegal Aliens)

◯ Yes ◯ No

If Yes, what Type of Service?

* Will You Be Working on School District Property?
(If Yes, you MUST complete the Criminal Records Check Certification Statement, and submit a Certificate of Liability Insurance.)

◯ Yes ◯ No

* Is This Vendor, or Anyone Associated With This Vendor, an Employee or Relative of a Westminster Public Schools Employee?

◯ Yes ◯ No

* Is Vendor A Colorado PERA Retiree?
(If Yes, please complete the Colorado PERA form, and e-mail completed form to pirizarry@wps.org)

◯ Yes ◯ No

* Our Preferred Method of Payment is via Credit Card. Will you accept a Credit Card?

◯ Yes ◯ No

Westminster Public Schools Employee You Are Working With:

* Employee Name

* School/Department

* Phone

* Email

PLEASE SAVE AND EMAIL THIS APPLICATION, CURRENT W-9, AND ANY DOCUMENTS SPECIFIED ABOVE (BASED ON YOUR ANSWERS) TO PIRIZARRY@WPS.ORG