Exhibit 9-A New Vendor Setup Form

FORT MILL SCHOOL DISTRICT VENDOR INFORMATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PAYMENT/REMIT ADDRESS if different from above: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT NAME: _____

TELEPHONE: _____ **FAX:** _____ **E-MAIL:** _____

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE?

☐ **YES** ☐ **NO**

IF YES, PLEASE PROVIDE STATE(S) OF CERTIFICATION: _____

AND YOUR CERTIFICATION NUMBER(S): _____

NAME & TITLE (PRINT): _____

SIGNATURE: _____ **DATE:** _____

Send completed and signed form with a copy of W-9 to Fort Mill School District.