DARLINGTON COUNTY SCHOOL DISTRICT

VENDOR APPLICATION FORM

Procurement Office Use Only
Vendor ID # Initials

BUSINESS FULL LEGAL NAME & ADDRESS:

REMITTANCE ADDRESS (IF DIFFERENT):

PHONE: **FAX:** **PHONE:** **FAX:**
WATTS: **CELL:** **WATTS:** **CELL:**
➔ **WEBSITE ADDRESS:**

NAMES OF OWNERS, OFFICERS, PARTNERS AUTHORIZED TO BIND THE COMPANY:

OWNER / PRESIDENT: **PHONE:** **FAX:**
➔ **EMAIL ADDRESS FOR OWNER / PRESIDENT:**
PARTNER 1: **PHONE:** **FAX:**
PARTNER 2: **PHONE:** **FAX:**
VICE-PRESIDENT: **PHONE:** **FAX:**
TREASURER: **PHONE:** **FAX:**
DISTRICT MANAGER: **PHONE:** **FAX:**
SALES REPRESENTATIVE: **PHONE:** **FAX:**
➔ **EMAIL ADDRESS FOR MAIN SALES CONTACT:**

INFORMATION ABOUT TYPE OF BUSINESS:

TYPE: (Check all that apply)

- ☐ **Individual**
- ☐ **Partnership** (not Inc.)
- ☐ **Small Business**
- ☐ **Construction** (not Inc.)
- ☐ **Medical Services**
- ☐ **Attorney**
- ☐ **Service Provider**
- ☐ **Sales & Service**
- ☐ **Research & Dev.**
- ☐ **Corporation** (Inc.)
- ☐ **Partnership** (LLP)
- ☐ **Manufacturer**
- ☐ **Construction** (Inc.)
- ☐ **Governmental**
- ☐ **Distributor / Dealer**
- ☐ **Wholesaler / Retailer**
- ☐ **Sales** (only)
- ☐ **Other**

Are you subject to IRS 1099 reporting for income tax purposes?
☐ **Yes** ☐ **No** ☐ **I don't know**

STATUS: ☐ **Minority Owned *** ☐ **Woman Owned ***
*** Must be at least 51% owned/controlled by minorities (non-whites) or women. Check all that apply even if not State certified.**

INFORMATION ABOUT PRODUCTS / SERVICES:

(Find "best fit" category(ies). Check all that apply.)

- ☐ Books & Similar Materials
- ☐ Computer Hdw / Software
- ☐ Construction (Specify Below)
  - ☐ Electrical
  - ☐ Masonry
  - ☐ Mechanical / HVAC
  - ☐ Painting
  - ☐ Plumbing
  - ☐ Roofing
  - ☐ Other (specify) _____
- ☐ Equipment
- ☐ Food Products
- ☐ Furniture
- ☐ Other (specify)
- ☐ Landscaping / Lawn Maint.
- ☐ Printing
- ☐ Rentals (specify) _____
- ☐ Repairs (specify) _____
- ☐ Services (specify) _____
- ☐ Supplies (specify) _____
- ☐ _____
- ☐ Telecommunications
- ☐ Vehicles / Trucks

IDENTIFICATION AND CERTIFICATION:

In compliance with Internal Revenue Service and State of South Carolina regulations, please provide us with the following taxpayer identification information. We are required by law to obtain this information when making a reportable payment to you. Failure to provide the information may subject future payments to a 31% backup withholding and $50 penalty.

For individuals, enter social security number (SSN):	
For sole proprietors, enter owner's SSN or Federal Employer's Identification Number (FEIN):	
For partnerships, corporations or others, enter FEIN:	
For verification of sales tax collection authority, enter State of SC Sales Tax License Number:	
For certified minority/disadvantaged businesses, enter State of SC Certification Number:	

Under penalties of perjury, I certify that the numbers provided above are true and correct and I am not subject to backup withholding because: (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I further certify that all information supplied herein is correct and the applicant nor anyone in connection with the applicant as a principal or officer, so far as is known, is now debarred, suspended or otherwise declared ineligible to do business with any agency of the State of South Carolina, the Federal government or Darlington County School District.

Authorized Signatory **Print Name & Title** **Date Completed**