

## Vendor Approval Form

1. Vendor Name (per tax return):

\_\_\_\_\_

2. Business Name (if different from above):

\_\_\_\_\_

Make Payment to: 1.  2.

Web Address: \_\_\_\_\_

Email: \_\_\_\_\_

*Please attach the W-9 form to this request.*

Fed ID: Employer ID:  SS:  Number: \_\_\_\_\_

Is a 1099 required: Yes:  No:

*\* At least one address below must be a physical address, not a PO Box.*

**Purchasing Address:** \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

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Requested by: \_\_\_\_\_

*Date*

Approved by: \_\_\_\_\_

*District Treasurer*

*Date*

*For Office Use Only:*

Vendor # \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

*Rev. May 2016*