

PROCUREMENT SERVICES VENDOR'S APPLICATION

**(Subject to any state and local laws)
PROVIDE COMPLETED COPY OF W-9
PROVIDE ALL REQUIRED DOCUMENTS**

To Be Completed by District

VENDOR NO. _____
ACCEPTANCE
DATE: _____

NAME OF COMPANY: _____ TELEPHONE NUMBER : _____
 _____ FAX NUMBER: _____
 E-Mail address: _____ WEB SITE: _____
 _____ DOING BUSINESS AS: _____

ADDRESS TO WHICH BIDS/QUOTES AND PURCHASE ORDERS ARE TO BE MAILED:

E-Mail address for Purchase Orders: _____

REMITTANCE ADDRESS: (IF DIFFERENT FROM ABOVE) _____ HOW LONG IN PRESENT BUSINESS _____

TYPE OF ORGANIZATION:

INDIVIDUAL _____ CORPORATION _____ NON-PROFIT _____ **(PROVIDE APPROPRIATE DOCUMENTATION)**
 IF CORPORATION INDICATE WHICH STATE _____

NAME OF OFFICER(S), OWNER(S) OR PARTNER(S) AND CONTACT(S) IN YOUR ORGANIZATION:

(A) PRESIDENT _____	PRODUCTS ARE SOLD: _____
(B) VICE PRESIDENT _____	DELIVERED _____ FOB _____ (IF SO FOB POINT)
(C) SECRETARY _____	INVOICE TERMS (min. net 30) _____
(D) TREASURER _____	NET WORTH: _____
(E) OWNER/PARTNER _____	AVERAGE NUMBER OF EMPLOYEES: _____

PERSON AUTHORIZED TO SIGN BIDS, OFFERS, QUOTES AND CONTRACTS:

NAME: _____ OFFICIAL CAPACITY _____ TEL. NO. _____

LIST TYPE OF EQUIPMENT, SUPPLIES, MATERIAL, AND/OR SERVICES ON WHICH YOU DESIRE TO RECEIVE BID SOLICITATIONS: _____

TYPE OF BUSINESS:

CATEGORY (CHECK ONE)

MANUFACTURER _____ REGULAR DEALER _____
 SERVICE ESTABLISHMENT _____ SURPLUS DEALER _____
 CONSTRUCTION CONCERN _____ GOVERNMENTAL _____
 WHOLESALE _____ EDUCATIONAL _____
 OTHERS _____

BUSINESS ENTERPRISE

SMALL BUSINESS _____ MINORITY _____
 WOMAN OWNED _____ AFRICIAN-AMERICAN _____
 ASIAN-AMERICAN OWNED _____ HISPANIC _____
 NATIVE AMERICAN OWNED _____

MARK ALL THAT APPLY

CERTIFIED: _____ YES-if yes attach form(s) _____ NO

I certify that information supplied herein is correct and neither the Applicant nor any person in any connection with the applicant a principal or officer, so far as is known, is now debarred, suspended or otherwise declared ineligible by any agency of the Federal Government, agencies of the State of South Carolina or by Florence 1 Schools.

Name: _____
 Title: _____
FEIN or SSN _____
Business License Number: _____
 TIN: _____

AUTHORIZED SIGNATURE: _____

ARE ANY FAMILY OR RELATIVES EMPLOYED BY FIS: _____