



VENDOR REGISTRATION FORM

Please submit the following information regarding **your** company: Please note; the vendor will not be added without a Southfield School/Department contact listed (**this is the person that you are directly working with at SPS**).

Part 1 - General Information Section (as shown on YOUR tax return)

- 1) First Name: _____ Middle Name: _____ Last Name: _____
and/or
- 2) Business name/disregarded entity name (if different from above) _____
- 3) Type of Business - Check appropriate box for federal tax classification:
____ Individual/Sole Proprietor ____ Partnership ____ Limited Liability Company - ____ Corporation providing
or Single member LLC ____ Trust/estate Enter the tax classification (C medical and health care services
____ C Corp (State or Country) Corp, S Corp, Partnership) ____ Non-Profit
____ S Corp (State or Country) Institution/Organization
- 4) Exemptions (codes apply only to certain entities, not individuals) _____ Exempt Payee Code _____ Exempt from FACTA
- 5) W9/Main Address: _____ City: _____ State: _____ Zip Code: _____
- 6) SSN: _____ TIN: _____
- 7) Website: _____ Email Address: _____

Part 2 - Goods & Services

List all **NAICS** codes that identify your company's specific industry (at least one, North American Industry Classification System, code must be entered. Visit www.naics.com and click on NAICS code search to locate.) _____, _____, _____, _____

Part 3 - Purchase Order Mailing Address (Where you want to receive YOUR PO)

PO Address: _____ City: _____ State: _____ Zip Code: _____
PO Notification Email: _____
PO Phone: _____ PO Fax: _____
Southfield Public Schools Dept./School Contact Name: _____ Title: _____

Part 4 - ACH/EFT Payment Agreement (Where you want to receive YOUR payments)

Southfield Public Schools can now send your payment directly to your bank by ACH/EFT. This section is optional but highly recommended.

I hereby acknowledge that Southfield Public Schools will make payments due to _____ to the account identified below and authorize the Depository Financial Institution to accept these deposits. Adjusting entries to correct errors are also authorized. I also acknowledge that it is my responsibility to inform Southfield Public Schools of any changes to the information provided below. Please provide the following information:

Bank (or Credit Union) Name: _____ Checking: _____ Savings: _____
Bank (or Credit Union) Account #: _____ Bank Routing #: _____
EFT Notification Email / Phone Number: _____ / _____

or

_____ I wish to continue to receive payments **by check only**.

Remit (Check) Address: _____ City: _____ State: _____ Zip Code: _____

Part 5 - Registration Acknowledgment/Certification

1) By signing below, the individual represents that the information provided above is accurate and that the signer has the authority to make this agreement on behalf of the vendor, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person. 4) the FATCA code(s) (if any) are correct.

Print Name / Title

Signature

Date

Please return to: purchasing@southfieldk12.org or
Southfield Public Schools, 24661 Lahser Road, Southfield, MI 48033 or Fax 248.746.8564