



# School District of the City of Pontiac

47200 Woodward Avenue · Pontiac, MI 48342.2243 · 248.451.6800

## Vendor Setup Request Form

(Please complete this form and return to the Business Office with a signed copy of the Vendor's W-9 Form)

### SUPPLIER APPLICATION

VENDOR LEGAL NAME: \_\_\_\_\_

VENDOR CONTACT \_\_\_\_\_

PHONE: \_\_\_\_\_

99 Reportable: (please check one)  Yes  No

TAX IDENTIFICATION or SOCIAL SECURITY NUMBER (Circle One): \_\_\_\_\_  
If SSN; submit a copy of your driver's license with this form.

PO ADDRESS (where purchase orders should be emailed or mailed):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL PURCHASE ORDER \_\_\_\_\_

REMITTANCE ADDRESS (where payments should be mailed if electronic payment are not accepted):

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL REMITTANCE ADVICE \_\_\_\_\_

#### BANKING INFORMATION FOR ELECTRONIC PAYMENTS:

NAME OF BANK: \_\_\_\_\_ BANK ROUTING # \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_ TYPE OF ACCOUNT:  Checking  Savings

*I hereby authorize the School District of the City of Pontiac to make deposits in the account identified above using the account information listed on this form. This authorization will remain in effect until written notice of termination is given to the School District of the City of Pontiac's Business Office.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (please print or type): \_\_\_\_\_ Title: \_\_\_\_\_

### Pontiac School District Use Only

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Request/Comments: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

#### Business Office Use Only

Date: \_\_\_\_\_

SAM

LARS

PEID Number: \_\_\_\_\_

Vendor Number: \_\_\_\_\_



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## FAMILIAL DISCLOSURE STATEMENT

(Return completed form with completed W9 and Vendor Request Form)

The following statement disclosing any familial relationship that exists between the owner or any employee of the vendor and any member of the School District of the City of Pontiac Board or the School District of the City of Pontiac Superintendent shall be obtained with any new vendor. Form W9 vendor requests without this disclosure statement will not be accepted.

The members of the School District of the City of Pontiac Board are: Kenyada Bowman, **William Carrington, ShaQuana Davis-Smith, Mike McGuinness, Kerry Tolbert, Caroll Turpin, Sherman Williams II**, and the School District of the City of Pontiac Superintendent is **Kelley Williams**.

The following are the familial relationship(s):

<u>Owner/Employee Name</u>	<u>Related to:</u>	<u>Relationship</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

Attach additional pages if necessary to disclose all familial relationships.

or

**There is no familial relationship that exists between the owner or any employee of the vendor and any member of the School District of the City of Pontiac Board, or the School District of the City of Pontiac Superintendent.**

The undersigned, the owner or authorized representative of Vendor does hereby represent and warrant that the disclosure statements herein contained are true.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Vendor Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date