



VENDOR APPLICATION FORM

Please complete, sign and submit along with your W-9 form to the school/department requesting the goods or services.
Incomplete applications will not be processed.

Check one of the following:

NEW APPLICATION

UPDATED/REVISED APPLICATION

Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies If You Answer "Yes" to Any Question Below, Please Contact the Director of Purchasing Before Completing the Rest of the Form.	
1. Are you an employee of the School Board of Seminole County (includes substitutes and community coaches)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is any employee of the School Board of Seminole County, FL. an owner, proprietor, partner, director, or officer of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Employee's full name: _____	
3. Is any spouse, parent or child of any employee of the School Board of Seminole County, FL. an owner, proprietor, director, or officer of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Employee's full name: _____ Relationship to Employee: _____	
General Business Information	
Legal Name of firm as registered with IRS:	FEIN or Social Security Number:
Fictitious/d.b.a. (to be used on Purchase Orders):	Fax #:
Mailing Address:	City, State, Zip:
Remittance Mailing Address (if different than above):	City, State, Zip:
Vendor Contact Name and Title:	Phone # (Required):
Dedicated Email Address to receive Electronic Purchase Orders:	Check here to Receive Purchase orders Electronically: <input type="checkbox"/>
Would you like to sign up for the e-Payables Payment Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Goods or Services:	
If any payments to you from the School Board will be for services, where will those be performed? <input type="checkbox"/> On School Board Property <input type="checkbox"/> Off Site	

By signing below, I certify that the above is true and accurate to the best of my knowledge and I will notify the Office of Purchasing Services of any future changes.

Printed Name of Authorized Representative _____ Signature of Authorized Representative _____ Date _____

REQUESTING SCHOOL/DEPARTMENT SECTION (REQUIRED):	
Requestor Name:	Cost Center Name:
Requestor Title:	Date:
SBSC PURCHASING USE ONLY:	
Buyer Approval/Date:	TIN Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sunbiz: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	1099 Status:
e-Payables Flag Activated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor #: _____ A/P Contact/Date: _____

The School Board of Seminole County, Florida · Purchasing & Distribution Services Department
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