

Central Dauphin School District

Prospective Vendor Information Form

SECTION I: VENDOR INFORMATION TO BE FILLED OUT BY VENDOR

Company Name		DUNS Number	
Type of Business			
Purchase Order Address	Street Address 1	Street Address 2	
	City, State, Zip Code		
	Order Phone Number ()	Order Fax Number ()	
Sales Contact	Name	Phone Number	Email Address
<input type="checkbox"/> Product <input type="checkbox"/> Service	Description of Product or Service		
Remittance Address	Street Address 1	Street Address 2	
	City, State, Zip Code		
	Receivables Phone Number ()	Receivables Fax Number ()	
Taxpayer Identification Number		Payment Terms and Discounts	
W-9 Form attached. If applicable, provide with the submission of the Prospective Vendor Information Form.			
The prospective vendor must submit a financial statement if anticipated cumulative purchases exceed \$25,000.			
Payment Options	<input type="checkbox"/> Checks	<input type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Procurement Cards
<input type="checkbox"/> Check if Credit Application required by District.			

By signing below, the authorized representative hereby certifies all information is current, complete and accurate. The vendor also certifies that it will notify the Central Dauphin School District of any changes to said information. The vendor agrees to accept purchase orders in accordance with School Board Policies 610, 611, 612 and 613.

Printed Name of Authorized Representative			
Signature of Authorized Representative			
Title		Date	

SECTION II: DISTRICT EMPLOYEE REQUEST FOR USE OF VENDOR
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Anticipated Dollar Amount of Purchases		Vendor Number Business Office Use Only	
<input type="checkbox"/> Credit Application Sent	<input type="checkbox"/> Tax Exempt Certificate Sent		
<input type="checkbox"/> Financial Statement received for anticipated cumulative purchases over \$25,000.			
Requester for New Vendor			