

# MADISON COUNTY SCHOOL BOARD

## VENDOR APPLICATION

210 NE Duval Avenue  
Madison, Florida 32340

PHONE: (850)973-5022

FAX (850)973-5017

☐ New Vendor

☐ Information Change

**PLEASE TYPE OR PRINT NEATLY. APPLICANT MUST COMPLETE ALL SPACES PROVIDED  
OR APPLICATION WILL NOT BE PROCESSED.**

\_\_\_\_\_  
Company/Individual Name on IRS Record

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Company DBA Name – *payments will be made payable to this name*

\_\_\_\_\_  
Fa x#

\_\_\_\_\_  
Address (PO Box, number, street, apt or suite number, city, state, 9-digit zip required)

\_\_\_\_\_  
Contact name & title

Are any officers, owners or partners employees of School Board of Madison County? Do you have any family members who are employees? ☐ YES ☐ NO

If yes, how are they related \_\_\_\_\_ (Required)

### Purchase Order Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
(PO Box or street, city, state, 9-digit zip)

\_\_\_\_\_  
E-Mail Address

Preferred Method of PO Dispatch: ☐ US Mail ☐ E-Mail ☐ Fax

### Remit to Information

\_\_\_\_\_  
(PO Box or street, city, state, 9-digit zip)

\_\_\_\_\_  
E-Mail Address

### 1099 Information

U.S. Taxpayer Identification Number(TIN)

The TIN provided must match the name on IRS Record to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

**Certification:** Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 (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.

**Check appropriate box for federal tax classification (required):**

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Other\_\_\_\_\_

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date