

Vendor Information

Type of Vendor: ☐ Business ☐ Small Business ☐ Government Agency ☐ Government Agency
☐ Other Not-for-Profit Organization

Name: _____ Certifying Entity: _____

Phone Number: _____ Fax Number: _____

E-Mail (Used for PO Submissions): _____

Business Classification (if applicable)*: ☐ Minority Owned ☐ Female Owned
☐ Owned by Persons with Disabilities ☐ Veteran Owned

* In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female, veteran, small business, or disabled contractors/vendors, as certified by a certifying agency (e.g. Cook County, State of Illinois, U.S. Small Business Association) in accordance with the definitions provided in 30 ILCS 575/2.

Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Remittance Mailing Address (if different than above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tax Payer Identification

This section does not need to be completed if a W-9 form is attached. Please refer to IRS form W-9 for guidance if necessary.

Tax Classification: ☐ Individual/Sole Proprietor or single-member LLC ☐ C - Corporation ☐ S - Corporation
☐ P - Partnership ☐ Trust/Estate ☐ Limited Liability Company (Insert Type): _____
☐ Other: _____

Federal Tax ID Number: _____ or Social Security Number: _____

Payment Processing Instructions

Would you like to sign-up for electronic payments (ACH)? ☐ Yes ☐ No

Approval

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal and state reporting purposes. I further certify that 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.

Printed Name of Vendor Representative: _____

Vendor Representative Signature: _____

Date: _____