

LANSING SCHOOL DISTRICT  
 PURCHASING DEPARTMENT  
 519 W. KALAMAZOO ST., ROOM 200  
 LANSING MI 48933  
 (517) 755-3030  
 FAX (517) 755-3019

**SUPPLIER/VENDOR APPLICATION**  
 (Please type or print)

PURFR016 – 7/7/08 – Version 5

MARK ONE:  
 New Application  
 Update

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

W-9 form attached?  YES  NO

DUN & BRADSTREET RATING (if available)

<b>NAME OF COMPANY</b>	<b>FEDERAL ID NUMBER (OR) SOCIAL SECURITY NUMBER</b>	
Submit copy of W-9 form with application		
<b>ADDRESS TO WHICH BIDDING FORMS AND PURCHASE ORDERS ARE TO BE MAILED – STREET NO., CITY, STATE, ZIP CODE</b>		
<b>ADDRESS TO WHICH PAYMENTS ARE TO BE MAILED – STREET NO., CITY, STATE, ZIP CODE</b>		
<b>PARENT COMPANY AND ADDITIONAL OFFICE LOCATIONS IN MICHIGAN (May attach separate sheet)</b>		
<b>E-MAIL ADDRESS:</b> For Purchase orders to be emailed	<b>WEB SITE:</b>	
<b>TYPE OF ORGANIZATION</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>TELEPHONE #:</b> _____ <b>FACSIMILIE #:</b> _____	
<b>PERSONS TO CONTACT AND THOSE AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (if agent, so specify)</b>		
Name	Official Capacity	Telephone No.
PLEASE LIST ON THE REVERSE SIDE CLASSES OF EQUIPMENT, SUPPLIES, MATERIALS, AND/OR SERVICES ON WHICH YOU DESIRE TO BID.		
<input type="checkbox"/> Do you require a hard copy of verbal orders? Yes ___ No ___      Do you accept Procurement Cards? Yes ___ No ___ <input type="checkbox"/> Electronic Disk Catalog <input type="checkbox"/> Electronic Ordering		
<b>Please complete the following:</b>		
STANDARD PAYMENT TERMS: _____ PROMPT PAY DISCOUNT: _____ STANDARD DELIVERY TIME: _____		
<b>PLEASE COMPLETE BELOW</b>		
Please list percentage and circle category that applies:		
MINORITY OWNED: _____% Native-American Asian-Pacific American African-American Hispanic-American Asian-Indian American		
WOMEN OWNED: _____% White Native-American Asian-Pacific American African-American Hispanic-American Asian-Indian American		
DISABLED: _____%      SMALL BUSINESS: Yes _____ No _____ Business located within LANSING SCHOOL District Yes _____ No _____		
Are you certified? If so, list agencies		Certificate Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION</b>		
_____		
<b>NAME AND TITLE OF PERSON SIGNING (Please type or print)</b>		
_____		

