

LANSING SCHOOL DISTRICT
 PURCHASING DEPARTMENT
 519 W. KALAMAZOO ST., ROOM 210
 LANSING MI 48933
 (517) 755-3030
 FAX (517) 755-3029

SUPPLIER/VENDOR APPLICATION
 (Please type or print)

MARK ONE:
 New Application
 Update

Date: _____

W-9 form attached? YES NO

NAME OF COMPANY	FEDERAL ID NUMBER (OR) SOCIAL SECURITY NUMBER	
	<small>Submit copy of W-9 form with application</small>	
ADDRESS TO WHICH BIDDING FORMS AND PURCHASE ORDERS ARE TO BE MAILED – STREET NO., CITY, STATE, ZIP CODE		
ADDRESS TO WHICH PAYMENTS ARE TO BE MAILED – STREET NO., CITY, STATE, ZIP CODE		
PARENT COMPANY AND ADDITIONAL OFFICE LOCATIONS IN MICHIGAN (May attach separate sheet)		
E-MAIL ADDRESS: <small>For Purchase orders to be emailed</small>		WEB SITE:
TYPE OF ORGANIZATION Individual Partnership Corporation		TELEPHONE #: _____ FACSIMILIE #: _____
PERSONS TO CONTACT AND THOSE AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (if agent, so specify)		
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.		
Do you require a hard copy of verbal orders? Yes ___ No ___ Do you accept Procurement Cards? Yes ___ No ___		
Electronic Disk Catalog Electronic Ordering		
Please complete the following:		
STANDARD PAYMENT TERMS: _____ PROMPT PAY DISCOUNT: _____ STANDARD DELIVERY TIME: _____		
PLEASE COMPLETE BELOW		
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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION		

NAME AND TITLE OF PERSON SIGNING (Please type or print)		



In an effort to improve accountability and timeliness of payments to our partners, Lansing School District is introducing an electronic fund transfer (EFT) payment process to facilitate payments to vendors for goods and services. Vendors that complete the electronic payment process will have payments posted directly to their bank accounts.

If you wish to participate in our electronic payment program, complete the attached "ACH Authorization Form" and **mail the original form to Lansing School District, Attn: Purchasing Dept, 519 W. Kalamazoo, Lansing, MI 48933 OR email to purchasing@lansingschools.net OR FAX 517.755.3029 OR drop off at 519 W. Kalamazoo, Purchasing Dept., Room 210, Lansing, MI, 48933.**

If you have questions regarding the ACH form, please contact the Purchasing Department at 517.755.3030, or at purchasing@lansingschools.net. If you have questions regarding payment, please contact the Accounts Payable Department at 517.755.3020, or at ap@lansingschools.net.



ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Lansing School District to initiate entries to my (our) checking/ savings accounts at the financial institution listed below {THE FINANCIAL INSTITUTION}, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Lansing School District is notified by me (us) in writing to cancel it in such time as to afford Lansing School District and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) understand that it is my (our) responsibility to provide accurate account information and it is further understood that Lansing School District is not responsible for being provided incorrect and/or invalid account information.

Name:

Name of Financial Institution:

Signature:

Date:

Name - (PLEASE PRINT):

Email for Voucher to be sent to:

⑆ 123456789 ⑆ 1234567890123 ⑆

Email for Purchase Orders to be sent to _____

Routing Number Account Number

Financial Institution Routing Number: _____

Checking/Savings (circle one)

Account number: _____

Please fill out and mail to:

Lansing School District, Attn: Purchasing Dept, 519 W. Kalamazoo, Lansing, MI 48933

OR

Send via email: purchasing@lansingschools.net

OR

Fax: 517.755.3029

OR

Drop off: 519 W. Kalamazoo St., Purchasing Dept. Room 210, Lansing, MI, 48933