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)						
NAME OF COMPANY		FEDERAL ID NUMBER	(OR)	SOCIAL SECURITY NUMBER		
		Submit copy of W-9 form with a	pplication			
ADDRESS TO WHICH BIDDING FORMS AN	D PURCHASE ORDE	RS ARE TO BE MAILED -	RS 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)						
TAILENT COMM ANT AND ADDITIONAL OFFICE LOCATIONS IN MISSINGAN (May attach Separate Since)						
E-MAIL ADDRESS: WEB SITE:						
For Purchase orders to be emailed						
TYPE OF ORGANIZATION		TELEPHONE #:				
□Individual □Partnership □Corporatio	ON	FACSIMILIE #:				
PERSONS TO CONTACT AND THOSE AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (if agent, so specify)						
Name	Officia	I Capacity		Telephone No.		
PLEASE LIST ON THE REVERSE SIDE CLA	SSES OF EQUIPMEN	IT, SUPPLIES, MATERIALS	S, 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 C						
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)						

## **COMMODITY LIST**

Please place a checkmark  $(\sqrt)$  by the appropriate code and provide a detailed description of the commodities and/or services offered. If the complete NAICS Code is known please include this number in the description area. Website URL address for NAICS is: http://www.census.gov/epcd/www/naics.html

NAICS CODE	DESCRIPTION
11 - Agriculture, Forestry, Fishing and Hunting	
21 – Mining	
22 – Utilities	
23 – Construction	
31-33 – Manufacturing	
42 - Wholesale Trade	
44-45 – Retail Trade	
48-49 - Transportation and Warehousing	
51 - Information	
52 - Finance and Insurance	
53 - Real Estate and Rental and Leasing	
54 - Professional, Scientific and Technical Services	
55 - Management of Companies and Enterprises	
56 - Administrative & Support, Waste Management & Remediation Services	
61 - Educational Services	
62 - Health Care and Social Assistance	
71 - Arts, Entertainment and Recreation	
72 – Accommodation and Foodservices	
81 – Other Services (except Public Administration)	
92 - Public Administration	
99 - Unclassified Establishments	

CATEGORY (Check below the category which applies to the applicant)  $\square$  (A) Manufacturer or Producer  $\square$  (B) Wholesaler  $\square$  (C) Retailer  $\square$  (D) Mfgr's Agent  $\square$  (E) Distributor  $\square$  (F) Service Establishment