

**Mt. Pleasant Public Schools
Request for Vendor Information**

We are updating our records
Please complete and return

Vendor Legal Name: _____ Phone: _____
Doing Business As: _____ Fax: _____
Email: _____ Website: _____


PURCHASE ORDER INFORMATION


PAYMENT INFORMATION


Address 1: _____ Address 1: _____
Address 2: _____ Address 2: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Contact Name: _____ Contact Name: _____
Contact Phone: _____ Contact Phone: _____
Contact Fax: _____ Contact Fax: _____
Contact Email: _____ Contact Email: _____
Does company accept MasterCard? **YES NO**
If so, what is the service fee (if applicable)? _____

Does company accept ACH payments? YES NO
Name of Bank _____ Bank Routing Number: _____
Please choose one: **Savings Checking** Bank Account Number: _____

By completing this form, vendor acknowledges all of the following:

 ALL orders will only be filled AFTER receipt of a valid Mt. Pleasant Public Schools District Purchase Order. (Orders filled without a valid Purchase Order are NOT the liability of the School District).

 All invoices must be directed to Mt. Pleasant Public Schools, Accounts Payable, 720 N. Kinney, Mt. Pleasant, MI 48858 ~ OR ~ ap@mp.edzone.net

 Any changes to the above information must be directed IN WRITING to the Business Office (address below).

Signed: _____ Date: _____
Print Name: _____ Title: _____

Please send this completed form along with a completed IRS Form W-9 to:
Business Office
Mt. Pleasant Public Schools or Fax to: **(989) 775-2309**
720 N. Kinney or Email to: **ap@mp.edzone.net**
Mt. Pleasant , MI 48858

Mt. Pleasant Public Schools Business Office Use Only

Verification
 Rec'd W-9 Email Website
 IRS Telephone Debarred
Checked?
New/Revised Vendor #: _____
Date Created: _____
Created By: _____