**Instructions:**

1. **The preferred method for completing this form is electronic; if you choose to complete the form by hand, please print legibly in blue ink and clearly distinguish numbers, for example, use Ø for zero and ~~7~~ for seven.**
2. **Print and sign the form.**
3. **See Application Submittal section at the end of this document; for options to submit to PCSD.**

**Name of School requesting new supplier/vendor:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Information

|  |
| --- |
| Legal Business Name:       |
| DBA (Doing Business As) Name:       |
| Address:       |
| City:       | State:       | Zip:       |
| Web Address:       |
| Taxpayer Identification Number TIN ***(W-9 Form Also Required)*:**       | [ ]  Employer ID Number (EIN) or[ ]  Social Security Number (SSN) |
| **Is this For New Vendor Addition or Change of Existing Information?** |  [ ]  Add [ ]  Change – Existing Vendor ID       |
| Related Parties Disclosure: Are you a current employee of Paulding County School District (PCSD)? Yes [ ]  No [ ] Do you have immediate family members that are employed with PCSD? Yes [ ]  No [ ]  If yes; Name:       Relation:      List additional immediate family members and relation here:       |

Contact Information

|  |  |  |
| --- | --- | --- |
| General Contact Name:       | Phone:       | Fax:       |
| General Contact Email Address:       |
| Purchase Order Contact Name:       | Phone:       | Fax:       |
| Purchase Order Email Address ***(Note: For Electronic PO Delivery)*:**       |

Payment/Remittance Information

|  |
| --- |
| Business Name:       |
| Remittance Address:       |
| City:       | State:       | Zip:       |
| Accounts Receivable Contact Name:       | Phone:       | Fax:       |
| Accounts Receivable Email Address:       |
| Payment Terms | 30 days: [ ]  | 60 days: [ ]  | Do you accept payment via P-Card?: Yes [ ]  No [ ]  |

Vendor Business Type

|  |
| --- |
| **Are you primarily a supplier of goods or services?** [ ]  Goods [ ]  Services |
| In a few short words, what is the primary good/service that you provide?       |

Paulding County Invoicing Requirements:

|  |
| --- |
| ***Unless otherwise noted, all invoices are to be sent to the Accounts Payable Department via USPS or Email.*** |
| **USPS:**Accounts PayablePaulding County School District3236 Atlanta HighwayDallas, GA 30132 | **Email:**accountspayable@paulding.k12.ga.us |

Application Submittal:

|  |  |
| --- | --- |
| **USPS:**PCSD Procurement DepartmentPaulding County School District3236 Atlanta HighwayDallas, GA 30132Or **Email:**purchasing@paulding.k12.ga.us | **Required Forms:**The following forms are **REQUIRED** to be submitted with this application. Failure to submit these forms will delay approval and entry into our supplier database.1. A completed and signed IRS form W-9 ***(Rev. March 2024)***
2. Applicable E-verify Affidavit per the Georgia Security & Immigration Compliance Act as amended, O.C.G.A. 13-10-90 et.seq.
 |

***Disclaimer: Receipt of this application by the District neither implies or guarantees any contract or obligation to purchase goods or services from applicant.***

***\*PCSD Does not accept payment terms shorter than Net 30.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Signature Date Representative Printed Name

**PCSD Central Office Use Only:**

Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1099: Y \_\_\_\_ N\_\_\_\_

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