

New Vendor Request Form

MARION COUNTY SCHOOL DISTRICT

719 North Main Street
Marion, South Carolina 29571



For CSO Use:

VENDOR No.

Date Entered:

REQUESTOR

NAME: _____ LOCATION: _____

REASON FOR REQUEST: _____

VENDOR INFORMATION

Date: _____

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

TAX ID Number: _____

- ☐ COMPLETED IRS **FORM W-9** (*attach*)
- ☐ IF RENDERING A SERVICE (*attach a copy of Licensing/Certification Credentials*)
- ☐ PROOF OF LIABILITY INSURANCE COVERAGE (*if applicable, attach copy of current policy*)

PAYMENT REMITTANCE INFORMATION

REMIT TO: _____

REMIT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

For CSO Use:

M C S D - I N T E R N A L U S E

APPROVAL

Director of Finance Signature: _____ Date: _____