

\*THIS FORM MUST BE SENT WITH P.O.



**Warren City Schools**  
**VENDOR WORKSHEET**

NEW

CHANGE

DELETE

Signature: \_\_\_\_\_

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

VENDOR NUMBER (MAX. 5 DIGITS)

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**\*\*CHECK APPROPRIATE BOX:**  Individual/Sole Proprietor  Corporation  Partnership

Vendor Name, Line 1: \_\_\_\_\_

Vendor Name, Line 2: \_\_\_\_\_

Vendor Street Address, Line 1: \_\_\_\_\_

Vendor City: \_\_\_\_\_

Vendor State: (abbreviation only) \_\_\_\_\_

Vendor Zip Code: \_\_\_\_\_

Vendor Telephone Number: \_\_\_\_\_

**\*\*Vendor Social Security Number** \_\_\_\_\_  
**or Tax Identification Number** \_\_\_\_\_

**CHECK MAILING ADDRESS (IF DIFFERENT THAN ABOVE):**

Vendor Street Address, Line 1: \_\_\_\_\_

Vendor Street Address, Line 2: \_\_\_\_\_

Vendor City: \_\_\_\_\_

Vendor State: (abbreviation only) \_\_\_\_\_

Vendor Zip: \_\_\_\_\_

**\*\* MANDATORY INFORMATION**