



CHIPPEWA VALLEY SCHOOLS

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VENDOR APPLICATION

Type or print legibly. **Return Instructions:** Fax, email or mail to the address shown above.

Legal Company Name: _____

Company Operating Name, if different: _____

List any former company names: _____

List the product and/or service categories that you wish to have listed in our vendor records:

Familial Disclosure: Vendor shall be responsible to list any shareholder/officer/owner and/or employee that has a familial relationship with any Chippewa Valley School employee or Board of Education member.

LIST ANY SUCH RELATIONSHIP IN THIS AREA:

Minority Owned Firms to certify status:

Certificate Number: _____

Agency: _____

Address to mail purchase orders to:

Email Address: _____

Fax Number: _____

Accounts Receivable (remit-to) address:

Contact person for Pricing:

Telephone Number _____

Fax Number _____

Email Address: _____

Contact person for Accounts Receivable:

Telephone Number _____

Fax Number _____

Email Address: _____

I hereby certify that the information contained herein is correct and that I understand that any misrepresentation of a material fact could cause cancellation by Chippewa Valley Schools of any resulting contract.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

TITLE: _____