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:

Minority Owned Firms to certify status:
Certificate Number: _____

Agency:_____

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:

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:_____