

VENDOR APPLICATION

To utilize all the features of this Fillable Form - 'save as'.
 Fill in required information, save and submit your completed copy
 via email: ocsdap@oneontacsd.org

Accounts Payable/Receivable
607-433-8200 Ext 1306
www.oneontacsd.org

Vendor Information

BUSINESS NAME <i>as shown on income tax return</i>		W9 Attached
ALTERNATE NAME <i>if applicable / doing business as</i>		TAX ID # <i>FEIN OR SSN</i>
SALES CONTACT NAME AND CONTACT INFO	ACCOUNTS RECEIVABLE NAME AND CONTACT INFORMATION <i>if different</i>	
LEGAL ADDRESS/PHYSICAL ADDRESS		
PAYMENT ADDRESS <i>if different from above</i>		
PHONE	VENDOR EMAIL <i>for PO submissions</i>	VENDOR WEBSITE
PAYMENT TERMS *Net 30 is standard. There is a minimum two-week turnaround time from when goods/services are received and invoiced to payment remittance.		

Organization Type

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

Payment Method

Check

Requires Quote

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Invoicing

Please submit invoices via email. Other Methods: i.e. USPS, fax, etc. may cause unintended delays in payment.

TYPED/PRINTED NAME <i>Clearly Please</i>	SIGNATURE	DATE

Please submit this completed form **and** W9 to: ocsdap@oneontacsd.org

Internal Use

W9 ATTACHED	VENDOR ID	DATE RECEIVED	INITIALS