

GADSDEN INDEPENDENT SCHOOL DISTRICT

Purchasing Department

Phone (575) 882-6248

Fax (575) 882-6265 or (575) 882-6298

VENDOR INFORMATION FORM

*****PLEASE ATTACH W-9 FORM*****

Name: _____

DBA (if different): _____

New Mexico Businesses Only:

CRS Number: _____

Taxpayer Identification Number (Provide Only One)

Sole Proprietor provide FEIN if applicable

Federal Employer Identification Number (FEIN) _____

Social Security Number (SSN): _____

Primary Address:

PO Box or Street Address

City, State, Zip

Telephone _____

Fax _____

Email _____

Remit-to Address (Where payments are sent, if different):

PO Box or Street Address

City, State, Zip

Telephone _____

Fax _____

Email _____

Business Designation (Check one)

1. ___ Corporation (FEIN)

Or

___ Professional Corporation (FEIN)

___ Doctor/Medical Facility

___ Attorney/Legal Facility

2. ___ Parent

___ Work Study Student

___ School Choice(Federal Programs)

___ GISD Student Reimbursement

3. ___ Sole Proprietorship (SSN/FEIN)

4. ___ Partnership (FEIN)

___ General

___ Limited

5. ___ Estate/Trust (FEIN)

6. ___ Organization Exempt from Tax (FEIN)

7. ___ Government Entity or Operated Entity

8. ___ LLC taxed as:

___ Corporation (FEIN)

___ Sole Proprietorship (SSN?FEIN)

9. ___ Other: _____

10. ___ GISD Employee

There are persons employed by GISD who hold a financial interest in this company. ___ yes ___ no

I certify that the information given above is true and accurate to the best of my knowledge and as of the date indicated below and that I have the authority to act on behalf of the above named company in this regard.

Signature: _____ Date: _____

Requesting School/Department: _____ By: _____