

School Administrative Unit #44

VENDOR APPLICATION FORM

Please complete all of the following information where applicable

Tax ID# (FEIN or SSN): _____

Organization Type: [] Corporation [] Individual / Sole Proprietor [] Joint Venture
[] LLC [] Partnership / Limited Partnership [] Non Profit

Name of Company / Firm (As shown on Federal Tax Return: _____

Alternate name, if applicable (Doing business as): _____

Mailing address: _____

City/Town: _____ State: _____ Zip Code _____

Contact person: _____ Business Phone #: () _____ - _____

Fax #: () _____ - _____ E-mail address: _____

Web site address: _____

Payment address: (If different from address above): _____

City/Town: _____ State: _____ Zip Code _____

Are you currently employed or have you ever been employed by SAU #44 or school district of Northwood, Nottingham, or Strafford? [] Yes [] No

If yes, please specify employment dates and job description: _____

Vendor's Signature: _____ Date: _____

For SAU Use Only

[] New Vendor (Completed and signed W9 form from the vendor) (REQUIRED)

[] Vendor Change

Date Received by SAU #44: _____ By: _____

Approved (Business Administrator): _____ Date: _____

File Set Up [] Vendor Database []

Notes: