



Lillian Grayson
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CHIPPEWA VALLEY SCHOOLS

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VENDOR APPLICATION

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

Legal Company Name: _____

Company Operating Name, if different: _____

List any former company names: _____

Internet Website: _____ Email Address: _____

<p>Names of Company Officers and Owners:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Familial Disclosure: List ANY AND ALL familial relationships that exists between <u>any</u> Chippewa Valley School employee or Board of Education member, including yourself, shareholder, officer, owner and/or employee.</p> <table border="1"> <thead> <tr> <th data-bbox="714 840 990 871">Employee Name</th> <th data-bbox="993 840 1258 871">Related to</th> <th data-bbox="1261 840 1521 871">Relationship</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Employee Name	Related to	Relationship	_____	_____	_____	_____	_____	_____
Employee Name	Related to	Relationship								
_____	_____	_____								
_____	_____	_____								

<p>List the product and/or service categories that you wish to have listed in our vendor records:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Minority Owned Firms to Certify Status:</p> <p>Certificate Number: _____</p> <p>Agency: _____</p>	<p>Mailing Address for Purchase Orders:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Email Address: _____</p> <p>Contact Person for Pricing: _____</p> <p>Phone Number: _____</p>
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<p>Accounts Receivable (remit-to) Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Accounts Receivable Contact Person:</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p>
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I hereby certify that the information contained herein is correct and that I understand that any misrepresentation of a material fact could cause the cancellation by Chippewa Valley Schools of any resulting contract.

Authorized Signature: _____ **Date:** _____

Printed Name: _____

Title: _____

INTERNAL USE ONLY:

Reviewed By: _____ Approved Not Approved Sam.gov

Signature: _____ Date: _____