



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: _____										
Names of Company Officers and Owners: _____ _____ _____ _____	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. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Employee Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Related to</th> <th style="text-align: left; border-bottom: 1px solid black;">Relationship</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	Employee Name	Related to	Relationship						
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List the product and/or service categories that you wish to have listed in our vendor records: _____ _____ _____	Mailing Address for Purchase Orders: _____ _____									
Minority Owned Firms to Certify Status: Certificate Number: _____ Agency: _____	Email Address: _____ Contact Person for Pricing: _____ Phone Number: _____									
Accounts Receivable (remit-to) Address: _____ _____ _____	Accounts Receivable Contact Person: _____ Phone: _____ Email: _____									
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: _____