



ST. HELENA

PARISH SCHOOL DISTRICT

NEW VENDOR APPLICATION FORM

Please complete this form and the attached W-9 then return both via fax at (225)222-4937 or email (bkleinpeter@sthpk-12.net). Both forms must be filled out completely.

Company Name

"Remit to" Address

City

State

Zip

Purchase Order/Mailing Address

City

State

Zip

Phone Number: _____

Fax Number: _____

Email Address: _____

Web Address: _____

HOW WOULD YOU PREFER TO RECEIVE PURCHASE ORDERS: FAX eMAIL

Check ONE that applies:

_____ Minority Business Enterprise (MBE)*

_____ Women Business Enterprise (WBE)*

_____ Disadvantaged Business Enterprise (DBE)*

_____ Service-Disabled Veteran Owned

_____ Business (SDOV)*

*Occupational License Number: _____

If you would like to receive payments by ACH, complete the following:

Bank Name: _____

ABA/Routing #: _____

Account #: _____

Account Name _____

**Must Submit documentation.*