THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PURCHASING DEPARTMENT

Supplier Information
CHARTER SCHOOLS

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). Purchase orders are required for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order. To view the Terms and Conditions, go to Doing Business with the District then select Terms and Conditions.

For questions on this form, please contact Sharon Kovner at

Phone: (561)434-7315  (Email): sharon.kovner@palmbeachschools.org or Fax: (561)434-8568

ORDER TO:

Business Name
_________________________________________________________

Business Name, if different than above
_________________________________________________________

Street Address
_________________________________________________________

City ___________________________ State _______ Zip Code ______________

Company Email Address for Electronic Purchase Orders
_________________________________________________________

Fax Number
_________________________ Taxpayer ID Number
_________________________________________________________

Contact Name
_________________________________________________________

Phone ________________________ Ext. __________

REMIT PAYMENT TO:

Business Name
_________________________________________________________

Street Address
_________________________________________________________

City ___________________________ State _______ Zip Code ______________

COMPLETED BY

Title
_________________________________________________________

Date
__________________________

Use the attached form "Divisions or Subsidiary Companies" that fall under the parent company and use the same tax ID number (TIN) but they have different order to and remit to locations.
Supplier Information for Divisions or Subsidiary Companies

Indicate N/A here if not applicable _____________________

This part of the form is used for Divisions or Subsidiary companies that fall under the parent company and use the same tax ID number (TIN) but have different order to and remit to locations, including fax numbers and email addresses for Purchase Orders, please complete the following:

Parent Company Name ____________________________________________

ORDER TO: Taxpayer ID Number ________________________________

Division/Subsidiary Name _________________________________________

Street Address _______________________________________________

City __________________________ State _______ Zip Code __________

Company Email Address for Electronic Purchase Orders

Fax Number _________________________________________________

Contact Name _______________________________________________

Phone _______________ Ext. __________

REMIT PAYMENT TO: □ Same as above

Division/Subsidiary Name _________________________________________

Street Address _______________________________________________

City __________________________ State _______ Zip Code __________

COMPLETED BY _____________________________________________

Title __________________________________________________________

Date ________________________________