

VENDOR INFORMATION FORM

Vendor Name _____

Name of School/Department you are providing work or services for: _____

**How do you want Purchase Orders delivered? (Check One) Fax Email US Mail

Company Phone Number _____

Company Fax Number _____

Company E-mail Address _____

Company URL (Company Website) _____

Physical Address _____

Mailing Address _____

Payment Remittance Address _____

Contact Name _____ Title _____

Contact Phone Number _____ Contact Fax Number _____

Contact E-Mail Address _____

A/R Contact Name _____ A/R Contact Phone Number _____

Please include the following forms:

Required Forms

Vendor Information Form

W-9 Form

Optional Forms

Vendor Bid Form (If applicable)

***Please notify us immediately of any change.

It is the sole responsibility of the above named vendor to keep all information accurate and up to date.

Please Return All Completed Forms to:

Alpine School District Purchasing Dept.

Attn: Shauna Markle

490 North State Street

Lindon, Utah 84042-1340

801-610-8042 (Office)

801-796-3116 (Fax)

smarkle@alpinedistrict.org

Purchasing Only:

Vendor Number:
