



CLOVER SCHOOL DISTRICT VENDOR INFORMATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE?

_____ YES _____ NO

IF YES, PLEASE PROVIDE STATE(S) OF CERTIFICATION: _____

AND YOUR CERTIFICATION NUMBER(S): _____

NAME & TITLE (PRINT): _____

SIGNATURE: _____ DATE: _____

Send completed and signed form with a copy of W-9 to Clover School District.