



Dear Valued Vendor,

The purpose or intent of this new vendor application is to obtain information about your company and to provide information to your company about doing business with the Lake Wales Charter Schools System (herein LWCS).

Please read carefully and complete all sections of the attached forms. For your convenience, a Vendor Application, ACH Authorization form, and W-9 Form is included with this letter. Once the forms are completed, checked for accuracy and signed, email it to accountspayable@lwcharterschools.com.

Important: *If we do not receive the completed Vendor Application forms, LWCS will not issue Purchase Orders or pay invoices to your company until this information is obtained.* If a completed Vendor Application is not received by LWCS within seven calendar days, LWCS will presume that your company is no longer interested in doing business with the System and will place your company in our inactive vendor database.

To better understand the procurement and payment process of LWCS please be advised of the following useful information:

- An LWCS purchase order is a valid contract. Your company's acceptance of a LWCS purchase order constitutes a valid contractual agreement
- A LWCS purchase order is required for all purchases of goods or services
- Invoices for goods or services must include the number of the LWCS purchase order issued to your company in advance of shipment of goods or performance of services
- In the event of a discrepancy on the purchase order the vendor must contact the LWCS to clarify prior to shipment of goods or performance of service
- LWCS requires documentation to verify vendor EIN/TIN. Examples include but are not limited to, an SS-4 Confirmation Letter or a copy of Form 147C.

We are pleased to be able to offer you a new payment convenience – Direct Deposit. Your payment from the LWCS System will be automatically deposited in your checking or savings account. Please complete the attached authorization form and return it along with your application. If you need assistance with billing please contact our accounts payable department at: accountspayable@lwcharterschools.com.

Thanks for your interest in doing business with the Lake Wales Charter Schools System.

Respectfully,

Mellissa Ard
Assistant Director of Finance
(863) 679-6560



Mellissa.Ard@lwcharterschools.com

NEW VENDOR APPLICATION

This New Vendor Application, attached W-9, and ACH Authorization form **MUST** be completed **before** we can add your company to our vendor file.

Date of Application: _____ MM/DD/YY

Vendor Name (to be used on Purchase Orders): _____

Address: _____

City: _____ State _____ Zip _____

Phone No: _____ Fax No: _____

Email (to be used for Direct Deposit Notification) _____

Remittance Information (If different than above):

Name:
Address:
City, State, Zip (Please provide 9 digit zip code):

Federal ID or SS Number _____ Years in Business _____

Type of Organization: Individual ___ Partnership ___ Corporation ___ Not-for-Profit ___

If incorporated, What State _____ Date Incorporated _____



Please list Officers, Owners, or Authorized Agents

Name _____ Title _____
 Name _____ Title _____
 Name _____ Title _____

Please check YES or NO to the following questions	YES	NO
Are you an employee of the Lake Wales Charter School System (either regular or substitute)?		
Is any owner (5% or more) proprietor, partner, director, or officer of this business an employee of the Lake Wales Charter School System? If yes, Employee Name: _____		
Is any owner (5% or more) proprietor, partner, director, or officer of this business the spouse or child of any employee of the Lake Wales Charter School System? If yes, Employee Name: _____		

I certify the information supplied herein, including any pages attached, is correct and that neither the vendor applicant nor any person in any connection with the applicant as a principal officer or agent so far as is known is now debarred or otherwise declared ineligible by the Federal Government, the State of Florida, or the Lake Wales Charter School System or any agency thereof.

Thanks for your interest in doing business with The Lake Wales Charter School System. In order to update our files and to make sure that we have an accurate profile of your organization please complete all the information requested in this multi-page document. Failure to return a properly executed document may result in your organization being deleted from future requests for bid proposals or excluded from being a part of business transactions that may be of interest to you.

Note: If any of the above information changes, please notify the Finance Department.

This vendor application is signed below by a person authorized to contractually obligate the applicant.

Print Name

Date

Signature

Title



Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion – Lower Tier Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

Instructions for Certification:

As required by Executive Order 12549, Debarment and Suspension, implemented at 34 CFR, Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR, Part 85, Section 85.105 and 85.110. By signing this form, the contractor or the owner, officer or authorized agent certifies:

- (1.) That it or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal Debarment Agency.
- (2.) Have not within a three year period preceding the date this form is signed been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining or attempting to obtain; or performing a public (Federal, state or local) transaction or contract under a public transaction; violation of Federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
- (3.) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, state or local) with commission of paying Federal funds or will pay Federal funds by or on behalf of the Firm or individual engineer or Firm or individual engineer or entity to any person for influencing or attempting to influence an officer or employee of an agency, a member of congress, an officer or employee of congress or an employee of a member of congress in connection with the making of any Federal grant, the entering into any Federal grant or cooperative agreement.
- (4.) Have not within a three-year period preceding the date this form is signed had one or more public transactions (Federal, state or local) terminated for cause or default.

Where the contractor is unable to certify to any of the statements in the debarment, suspension and other responsibility matters certification, the contractor or entity will attach an explanation to their proposal to this application.

Certification:

Name of Applicant: _____

Printed Name	Title of Authorized
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Representative Signature of authorized Representative: _____



AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR AND SERVICES

Vendor Name: _____

Vendor FEIN: _____

Vendor's Authorized Representative: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

I, the undersigned, am authorized to sign on behalf of Vendor and I hereby certify that the Vendor does not use coercion for labor or services as those terms are defined in Section 787.06, Florida Statutes.

UNDER PENALTIES OF PERJURY, I declare that I have read the foregoing document and that the facts stated in it are true.

By: _____

AUTHORIZED SIGNATURE for Vendor

Print Name: _____

Print Title: _____

Date: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ACH ENROLLMENT/CHANGE AUTHORIZATION FORM

This is to notify Lake Wales Charter Schools, Incorporated and/or one or more of its subsidiaries and affiliates (herein collectively called LAKE WALES CHARTER SCHOOLS) of enrollment or change in EFT/ACH banking instructions for the Company (name stated below) herein referred to as Company. LAKE WALES CHARTER SCHOOLS desires the flexibility to make payments for such goods and/or services by electronic funds transfers through the Automated Clearing House (ACH) system, and Company agrees to grant such flexibility. Therefore Company (1) authorizes LAKE WALES CHARTER SCHOOLS to make payment for goods and services by ACH, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made via the ACH CTX transaction format. In the event of any duplicate payment, overpayment, fraudulent payment or payment made in error, the receiving party will immediately return such payment upon confirming the occurrence of any of the foregoing.

Entity Information

Legal Entity Name (as listed on line 1 of W9)

Doing Business As Name (if different from legal entity name)

Tax ID (EIN OR SSN)

D&B number

All US vendors are required to provide a W-9 on the most current IRS form to support their tax identification number.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf> This link will take you directly to the IRS website and the W-9 form.

Physical Address ***Clearly label Apartment, Company, Suite, Unit, Building, Floor, PO BOX, In Care Of or Attention if applicable.

City

State

Zip Code

US-UNITED STATES

Country

Remit to Address ***Clearly label Apartment, Company, Suite, Unit, Building, Floor, PO BOX, In Care Of or Attention if applicable.

Remit to City

Remit to State

Remit to Zip Code

US-UNITED STATES

Remit to Country

ACH Details

Bank Details

Bank Name

Bank Street Address

Bank City

Bank State

Bank Country

In the Interim, where should payments be sent?

Account Information

New ABA (Routing #)

Bank Account #

DA-Demand/Checking Account

Account Type

USD-United States Dollar

Currency

Email Address ***Used to sent remittance detail.
Remittance detail will be send in Excel format

Form Completed By: _____

SIGNATURE AUTHORIZING ACH ENROLLMENT/CHANGE BY TYPING YOUR NAME INTO THE SIGNATURE AUTHORIZING ACH ENROLLMENT/CHANGE FIELD WILL BE CONSIDERED THE ACT OF ELECTRONICALLY SIGNING THIS FORM. THIS ACT AUTHORIZES THE BANKING INFORMATION PROVIDED TO MAKE PAYMENTS FOR GOODS AND SERVICES VIA ELECTRONIC FUNDS TRANSFER TO THE ACCOUNT PROVIDED.

VERIFICATION: LAKE WALES CHARTER SCHOOLS CONDUCTS AN INDEPENDENT VERIFICATION PRIOR TO SETUP. VALIDATION VIA PHONE SHOULD BE EXPECTED
DISCLAIMER: ELECTRONIC MAIL SENT THROUGH THE INTERNET CANNOT BE CONSIDERED SECURE AND COULD BE INTERCEPTED BY A THIRD PARTY. USE OF ELECTRONIC MAIL TO PROVIDE INFORMATION IS COMPLETELY VOLUNTARY AND THE SOLE RISK OF THE SENDER. LAKE WALES CHARTER SCHOOLS MAKES NO WARRANTY OR GUARANTEE THAT YOUR EMAIL TRANSMISSION WILL BE SECURE, UNINTERRUPTED OR ERROR-FREE AND LAKE WALES CHARTER SCHOOLS DISCLAIMS ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS OR IMPLIED, REGARDING SUCH ELECTRONIC MAIL USE.