

Williamsburg County School District  
*New Vendor Request Form*

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person (If any): \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Vendor Email: \_\_\_\_\_

Federal Identification/Social Security #: \_\_\_\_\_

Vendor Assigned #: \_\_\_\_\_ (Provided by Finance Department)

Person requesting vendor: \_\_\_\_\_

*Please check all quotes for remit address because it may be different from regular mailing address.*

*Use the remit address for invoice payments, unless requested by vendor.*

***PLEASE INCLUDE W9 WITH ALL VENDORS!***

**Incomplete forms will be returned.**