



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

75 NORTH PACE BLVD.,
PENSACOLA, FL 32505
PHONE (850) 469-6202
<http://ecsd-fl.schoolloop.com/>

Dear Business Owner:

In order for the School District of Escambia County to establish you as a vendor, we will need some information from you. In addition to completing and signing the attached W-9 Form (Request for Taxpayer Identification Number and Certification), please provide the information requested below.

Business Name _____

DBA Name (if applicable) _____

Order From Address _____

Remit To Address _____

Contact Name _____ Email _____

Phone Number _____ Fax Number _____

FOR EACH CATEGORY BELOW, PLEASE MARK THE MOST APPROPRIATE CHOICE.

Ownership

- ____ Sole Proprietorship
- ____ Partnership
- ____ Corporation
- ____ Medical/Corporation
- ____ Attorney
- ____ Non-Profit
- ____ Government Agency
- ____ Reimbursement of Expense
- ____ Grant, etc.

____ Minority Ownership (To be reported as Minority Owner, a vendor must be certified by the FL Dept. of Mgmt. Services Office of Supplier Diversity (OSD) at: <https://osd.dms.myflorida.com>)

Payment Terms

- ____ Due Upon Receipt
- ____ Net 15 Days
- ____ Net 30 Days
- ____ Other (including discounts) _____

Thank you for your assistance.

Sincerely,

Allison Watson
Director of Purchasing