



DPSCD Supplier Request & Information Change Form

Detroit Public Schools Community District • Office of Procurement & Logistics • Office: (313) 873-6531

New Supplier Request
 Change/Update Supplier Information
 Remove Archive
 Supplier No. _____

Complete form and return to the Requester from the Office of Procurement & Logistics



NOTE: A supplier must be awarded new business and complete a W-9 form. A valid requisition is required to add a supplier to the Detroit Public Schools Community District supplier database.

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK

Supplier Information Section

BUSINESS/INDIVIDUAL'S NAME (W9 LINE 1):					
TAX IDENTIFICATION NUMBER: <input type="checkbox"/> Employer Identification #		<input type="checkbox"/> Social Security #		<input type="checkbox"/> Canadian Business #	
<input type="checkbox"/> Other #		SERVICES/GOODS PROVIDING			
PLEASE ENTER FOR REMITTANCE ADDRESS, IF DIFFERENT FROM THE MAIN ADDRESS			ADDRESS [NO P.O. Box]		
ADDRESS/P.O. BOX			CITY		
STATE		ZIP		CITY	
STATE		ZIP		CITY	
COUNTY			COUNTY		
MAIN PHONE NUMBER		PO FAX NUMBER		PHONE NUMBER	
FAX NUMBER		COMPANY E-MAIL			
ACCT RECIEVABLE E-MAIL					

Supplier Contact Primary Information Section

NAME		TITLE			
ADDRESS			EMAIL ADDRESS		
CITY		STATE		ZIP	
PHONE NUMBER		CELL NUMBER		FAX NUMBER	

PO DISPATCH INFORMATION → EMAIL ADDRESS : _____

Business Ownership Section

<input type="checkbox"/> SOLE PROPRIETOR/INDIVIDUAL/LLC	<input type="checkbox"/> CORPORATION	1099 SUPPLIER <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> S CORPORATION	

Business Acknowledgement of Terms & Authorized Signature (To Be Completed by Supplier Only)

1. I certify that the information supplied (including all pages attached) is correct and that neither the applicant nor any person or concern associated with the applicant as a principal or officer, so far as is known, is not debarred or otherwise declared ineligible by any government agency from bidding for furnishing materials, supplies, services, or construction to or for any government agency.
2. I understand that it is this firm's responsibility to update this data when changes occur and failure to do so may result in the District's inability to contact you or could result in delays in payment of invoices.
3. I understand that I must submit a completed IRS Form W-9 with this application in order to register my business with the District and receive full consideration for awards and receive payment for all invoices submitted.

SIGNATURE	TITLE	DATE
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*** **DPSCD OFFICE OF PROCUREMENT** ***
 *** **INTERNAL USE ONLY** ***

Supplier Classification Section

<input type="checkbox"/> OUTSIDE SUPPLIER	<input type="checkbox"/> CONSULTANT	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> SCHOOL
P&L SIGNATURE & DATE		REQUISITION NUMBER (Required for Approval)	