



CHIPPEWA VALLEY SCHOOLS

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VENDOR APPLICATION

Type or print legibly. **Return Instructions:** Fax, email, or mail to the contact information above.

Legal Company Name: _____	
Company Operating Name, if different: _____	
List any former company names: _____	
Internet Website: _____ Email Address: _____	
Names of Company Officers and Owners: _____ _____ _____	Familial Disclosure: List ANY AND ALL familial relationships that exists between <u>any</u> Chippewa Valley School employee or Board of Education member, including yourself/shareholder/officer/owner and/or employee. _____ _____
List the product and/or service categories that you wish to have listed in our vendor records: _____ _____ _____	Mailing Address for Purchase Orders: _____ _____ _____ Email Address: _____ Contact Person for Pricing: _____ Phone Number: _____
Minority Owned Firms to Certify Status: Certificate Number: _____ Agency: _____	Accounts Receivable (remit-to) Address: _____ _____ _____ Accounts Receivable Contact Person: _____ Phone: _____ Email: _____
I hereby certify that the information contained herein is correct and that I understand that any misrepresentation of a material fact could cause cancellation by Chippewa Valley Schools of any resulting contract.	
AUTHORIZED SIGNATURE: _____ DATE: _____	
PRINTED NAME: _____	
TITLE: _____	