

<u>New Vendor Request Form – Weber School District</u>

Business Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip Code:
Email:		
Telephone Number:	Fax Number:	
Company URL/Web Address:		

Please include one of the following with this request:

W9 Form (Attach completed form with this application)

or

Social Security Number:

Requestors Name:

Date:

Please return the completed form to <u>835purch@wsd.net</u> for processing.