



SLPS Vendor Registration Form

Instructions: Use this form to register as a Vendor with Saint Louis Public Schools.

1. Email completed form to Purchasing_Registration@slps.org
2. For questions, contact: Constance Byrd, constance.byrd@slps.org, 314-345-2255

GENERAL INFORMATION

Legal Vendor Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Vendor Federal ID Number:

SSN:

TYPE OF BUSINESS

Individual / Sole Proprietorship

C Corporation

S Corporation

Partnership

Trust/Estate

Nonprofit

Limited Liability Company

Other

C Corp

S Corp

Partnership

PLEASE BE PREPARED TO SUBMIT A COPY OF YOUR APPLICABLE CERTIFICATE UPON REQUEST

CONTACT INFORMATION

Contact Name:

Contact Phone Number:

Contact Fax Number:

Contact Email Address:

Web Address:



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MBE / WBE / DBE STATUS		
MBE Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO	WBE Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO	DBE Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO
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PURCHASE ORDER INFORMATION		
Street Address:		
ATTN:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

REMITTANCE INFORMATION		
Remit To Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	