



Vendor Registration Form

Vendor Information			
Vendor Name:		DBA Name/Remittance Name:	
Mailing Address:		City:	State: Zip:
Remittance Address (if different from above):		City:	State: Zip:
Email Address for POs:		Email Address for Remittance Advice:	
Account Contact Name:	Account Contact Phone:	Fax:	

Tax Payer Identification			
This section does not need to be completed if a W-9 is attached. Please refer to IRS form W-9 for guidance as needed.			
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Exempt
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (enter tax class - C, S, or P)	<input type="text"/>	
Tax ID # or SSN #:			

Business Classifications								
School districts are required to collect & report the following demographic information from vendors doing business with the district. 105 ILCS 5/10-17.								
	N/A	Certified	Self Certifying		N/A	Certified	Self Certifying	
Minority Owned Business (MBE) ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locally Owned Business ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Women Owned Business (WBE) ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person with a Disability ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran Owned Business (VBP) ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Business ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Processing			
If you would like to sign up for ACH payments, please complete this section.			
Bank Name:		Bank Address:	
ABA Routing #:	Account #:	Checking	Savings
		<input type="checkbox"/>	<input type="checkbox"/>
By providing this information, you give D214 permission to utilize the above banking information to submit payment for invoices from Township High School District 214. If any of this information changes, please notify the district immediately at purchasing@d214.org.			

Certification	
Under penalties of perjury, I certify that	
1. The information provided is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes.	
2. The vendor is (a) exempt from backup withholding, or (b) has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) has been notified by the IRS that it is no longer subject to backup withholding.	
3. The Vendor will abide by the District 214 Board Policy 2:105 , which outlines Ethics & Gift Ban precepts.	
Printed Name of Vendor Representative:	Title:
Signature of Vendor Representative:	Date:

¹MBE - A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

²WBE - A business which is at least 51% owned by one or more women, or in the case of the corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.

³VBP - A business (i) which is at least 51% owned by one or more qualified veterans living in Illinois, or in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are factually verified annually by the Commission on Equity and Inclusion.

⁴Locally Owned - A business whose home office is located within the boundaries of the district.

⁵Person with a Disability - A person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled, where 'Disabled' means a severe physical or mental disability. For more information, please reference 30 ILCS 575/2.

⁶Small Business - A business that qualifies according to the U.S. Small Business Administration standards for a small business. This varies by industry, however, size standards are mostly based on the average annual receipts or the average number of employees.