

Blue Ridge Unified School District # 32

VENDOR INFORMATION

ORDER INFORMATION	REMITTANCE INFORMATION
Company Name: _____	Company Name: _____
Street Address: _____ _____ _____	Street Address: _____ _____ _____
Phone No. : _____	Phone No. : _____
Fax No. : _____	Fax No. : _____
Contact: _____	Contact: _____
P.O. Email: _____	Remittance Email: _____
Cooperative Contract: _____	Cooperative Contract Number: _____
Tax Identification Number: _____	Other: _____
<input type="checkbox"/> W-9 Received	
<input type="checkbox"/> New Vendor Set-Up	
Notes: _____	



Please return with your W-9

Attention: Linda Haynes

lhaynes@brusd.org