



Broken Arrow Public Schools Vendor Registration Form

Independent School District No. 3 | 701 S. Main Broken Arrow, OK 74012

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools. This includes: reimbursements, refunds, payments for goods and/or services, etc.

<input type="checkbox"/>	New
<input type="checkbox"/>	Update
ID #	<input type="text"/>

Vendor Information

Name (as shown on your income tax return)

Business Name/disregarded entity name (if different from above)

Address (number, street and apt. or suite no.):

City, State

Zip

Check appropriate box for federal tax classification (required):

<input type="checkbox"/> Limited liability company: Enter tax classification (C=C corporation, S=S Corporation, P=partnership): <input type="text"/>	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Other
<input type="checkbox"/> Individual/sole proprietor	<input type="checkbox"/> Exempt payee	<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Partnership			

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number	Employer Identification Number
<input type="text"/>	<input type="text"/> - <input type="text"/>

I acknowledge it is **required** for Commercial Vendors to provide an EIN (*not* a Social Security Number). If a Social Security Number is provided for a Commercial Vendor, this form cannot be processed.

Vendor Questionnaire

1. Under what former name(s) has your business operated under during the past seven years?

2. Are you or any principal or partner of this business a current employee of Broken Arrow Schools or a relative of any employee or BAPS Board of Education member?

Yes if Yes, please specify relationship

No

3. Are you currently an active or retired member of the Oklahoma Teachers Retirement System?

Yes No

4. Does your business accept purchase orders?

Yes No

Purchase Order Contact Information

Contact Name for Orders Phone

Mailing Address (number, street, and apt. or suite no.)

City, State Zip

Email address to send purchase order Fax

Remittance Information

Name to be printed on check Phone

Remittance Mailing Address (number, street, and apt. or suite no.)

City, State Zip

Accounts Receivable Contact Name / email address Fax

Payments from Broken Arrow Public Schools

I/We understand and agree to required payment terms from Broken Arrow Public Schools via a 3rd-party payor / Commerce Bank.

Certification, Compliance and Agreement

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

By signing this vendor application form, you hereby agree to comply with the provisions of Title 70 O.S. §6-101.48 of the Oklahoma Statute incorporated herein by reference, which states that the vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages (57 O.S. 589). Vendor acknowledges BAPS is a tobacco-free and weapons-free workplace for all schools, buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.

IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed name of US person and vendor representative

Title

Signature (Must be authorized to sign an IRS W-9 form)

Date