



SAINT LOUIS PUBLIC SCHOOLS

Submit to:
 SLPS Procurement Department
Purchasing_Registration@slps.org

Legal Business Name, Proprietor's Name, or Individual Name	Doing Business as (DBA)

ADDRESS/CONTACT INFORMATION

REMITTANCE ADDRESS same as contact address:

Address Line 1:			Address Line 1:		
Address Line 2:			Address Line 2:		
City:	State:	Zip:	City:	State	Zip:
Primary contact:			Primary contact:		
Email:			Web address:		
Phone:	Fax:		Phone:	Fax:	
Email address to receive Purchase Order:			Email address to receive Remittance info:		

SLPS EMPLOYEE SPONSORSHIP

SLPS Sponsor Name:	Email:	Phone:
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Are you currently an employee or ever been employed by SLPS? YES NO last date worked?

Is your organization registered and in good standing with your state's secretary of state? YES NO

Is your organization registered with sam.gov? YES NO if so, list your Unique Entity ID:

Type of Business: Goods Services Both

ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

Indicate the appropriate Social Security Number (SSN) or Employee Identification Number (EIN)

Tax ID:	EIN <input type="checkbox"/>	SSN <input type="checkbox"/>	Name associated with SSN:
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Check the appropriate box for federal tax classification, check only one of the following 8 boxes:

Individual/Sole Proprietor	Limited Liability Company (LLC):
Partnership	Disregarded Entity
C Corporation	Partnership
S Corporation	C Corporation
Government	S Corporation
Trust/ Estate	Other (Please Explain):

DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

Minority owned business enterprise (MBE)	Small business enterprise (SBE)	Disabled/veteran business enterprise (DVBE)
Women owned business enterprise (WBE)	Disadvantaged business enterprise (DBE)	Other
If you checked any of the above, have you been certified? YES NO		
If yes, by which agency:		Certificate #:

To participate in Direct Deposit via ACH, please complete [click here](#)

I confirm, that I hereby acknowledge that the information provided is current, accurate and complete at the date of this submission.

Signature:	Print Name & Title of Person signing form:	Date