

## Vendor Information Form

Please complete and return as soon as possible. We have a request to issue a purchase order or check to you and we need the vendor form in order to process the request.

**FILL IN HIGHLIGHTED AREAS AND RETURN FOR REFUND**

**Wake County Public School System**  
**ATTENTION: VEDA L. COOKE**  
**1551 Rock Quarry Road**  
**P.O. Box 28041**  
**Raleigh, NC 27611-8041**  
**Tel: (919) 856-2918 / FAX (919) 856-3704**

THIS INFORMATION PROVIDED BY:  
**SIGNATURE IS MANDATORY FOR PROCESSING**

**X**

Title PARENT Date \_\_\_\_\_

ORDER ADDRESS		
PARENT NAME		
STREET		
CITY	STATE	ZIP CODE

PAY ADDRESS		
PARENT NAME		
STREET		
CITY	STATE	ZIP CODE

Please make any necessary corrections to the above.

CONTACT PERSONS
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TELEPHONE
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FAX
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STUDENTS NAME
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STUDENTS SCHOOL NAME
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1. Name(s) of Owner(s) of Company: \_\_\_\_\_

2. Are any owners in #1 related to any employee of Wake County Public School System? Yes  No

3. If your answer to #2 above is YES: \_\_\_\_\_  
Owner Name

\_\_\_\_\_ WCPSS Employee Position/Dept. Employed Relationship

4. Is your company incorporated? Yes  No

5. Invoice payment terms?  Net 30  1% 10 Net 30  2% 10 Net 30  Other IMMEDIATE

6. Is your company a vendor of any N.C. Department of Administration Division of Purchase and Contract certification? Yes  No

7. This firm certifies that it is a:  Minority Business Enterprise  
 Woman Business Enterprise  Handicapped Business Enterprise

**Note: To qualify for M/W/H status, 51% of the company must be owned and controlled by minority, a woman, or handicapped.**

8. Are you a supplier  or NON provider?  **\*PARENT\***

9. Are you a government agency? Yes  No

10. Do you receive retirement income from N.C. Retirement System? Yes  No

For Accounting Use Only	
VSU	
Vendor Type	_____
Vendor Status	_____
VGN	
Category:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
VPN	
1099 code:	____

APPROVED BY: _____	DATE: _____	ENTERED BY: _____	DATE: _____
VERIFIED BY: _____	DATE: _____	COMMENTS: _____	

**PARENT IS REQUESTING REFUND OF REMAINING BALANCE FROM PRE-PAID LUNCH ACCOUNT(S) BY CHILD NUTRITION SERVICES.**