Cincinnati Public Schools
Supplier Form

Please provide the following information with a completed W-9 Form:

Check one:

_____ New Vendor  _____ Vendor Changes

Vendor’s Name: ____________________________________________________________
Contact Person’s Name: ____________________________________________________

Send Purchase Orders to:
Address: ________________________________________________________________
City/State/Zip: ____________________________
Phone: ____________________________
Fax: ____________________________
Email: ____________________________

Note: Email is required.

Send payments to:
Address: ________________________________________________________________
City/State/Zip: ____________________________
Phone: ____________________________
Fax: ____________________________
Email: ____________________________

Payment Terms: _________________________________________________________

Type of business: (You may select more than one box.)

_____ Women Owned
_____ Small Business
_____ Minority Owned
_____ Local
_____ Asian
_____ Black
_____ Hispanic
_____ Native American
_____ Multiracial/Other

What goods or services do you provide?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please email this supplier form to: nvendor@cps-k12.org