

Vendor Registration Application
Mail or Fax completed form to:
Winston County Board of Education
PO Box 9
Double Springs, AL 35553
Fax: 205 489-3203

Legal Name of Company _____

Tax ID Number (FEIN/SSN) – Required _____

Note: You are required to use the precise legal name associated with your taxpayer identification number. If you are a sole proprietorship, you may use either your social security number or your employer identification number, but your own name must be in the title.

Address	City, State, Zip
Phone	Fax
Internet Web Address (optional)	Email Address (optional)

Products or Services offered: _____

Person of Contact: _____

Title: _____