



Orchard Farm R-5 School District

VENDOR APPLICATION / CHANGE FORM

Orchard Farm R-5 School District requires a Federal Tax Identification Number or Social Security number for all vendors doing business with the school district in order to comply with Federal Regulations and tax reporting requirements.

Return this form and form W-9 to:

Email: vendorapplication@ofr5.com

Fax: (636) 916-3803

Secure File Upload:

www.ofsd.k12.mo.us/departments/business_office

Mail: Orchard Farm R-5 School District

Attn: Accounts Payable

3489 Boschertown Rd

St. Charles, MO 63301

VENDOR INFORMATION

Vendor's Legal Name:

Federal Tax ID #

Address:

City:

State:

Zip:

Phone #

Fax #

Website:

Email:

**Email for
Purchase Orders:**

Payment Address:

(if different than above)

Is this business owned wholly or partially by an Orchard Farm School District employee?

No

Yes

Employee Name: _____

See conflict of interest policies GBCA & BBFA

VENDOR'S PREFERRED METHOD OF PAYMENT:

ACH

Routing # _____ **Account #** _____

Please attach voided check or document from bank providing routing and account number.

Payment Remittance Email: _____

Check

Check mailed to the address listed in the remittance section above.

**Virtual
Mastercard
Payment**

A virtual credit card is emailed to vendor at the email address provided. The payment is processed through the vendor's point of sale processing equipment or software.

Payment Remittance Email: _____

Completed By: _____

Date: _____

Title: _____