

VENDOR REGISTRATION FORM  
MATTAWAN CONSOLIDATED SCHOOL  
56720 MURRAY STREET  
MATTAWAN, MI 49071  
FAX NUMBER 269-668-2372

VENDOR NAME AND ADDRESS:

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PHONE NUMBER#

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(800) #

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FAX#

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TAXPAYER ID NUMBER  
(FEIN/SSN):

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EMAIL ADDRESS:

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DO YOU ACCECPT ELECTRONIC  
PURCHASE ORDERS? (YES/NO)?

CONTACT NAME:

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TITLE OF CONTACT:

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MAIL PURCHASE ORDER TO  
ABOVE ADDRESS

MAIL PAYMENTS TO  
ABOVE ADDRESS

MAIL PURCHASE ORDER TO  
ADDRESS BELOW:

MAIL PAYMENTS TO  
ADDRESS BELOW:

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MCS DISTRICT USE ONLY:

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**WOULD YOU LIKE TO RECEIVE PAYMENTS  
FROM US ELECTRONICALLY THROUGH  
ACH CREDITS DIRECTLY INTO YOUR  
ACCOUNT? FILL OUT ACH FORM AND  
RETURN ALONG WITH THIS FORM.**