

**RIVERVIEW GARDENS**  
**SCHOOL DISTRICT**

VENDOR REQUEST FORM

Vendor Information ( please complete)

Name	<input type="text"/>	Tax ID/SSN	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>		
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
Contact Person	<input type="text"/>	E-mail	<input type="text"/>

Payment Options:

- Purchase Orders       Checks       EFT       Credit Cards

All New Vendors must complete a W-9 Form  
Please fax completed form back to (314)388-6001  
or e-mail to [finance@rgsd.k12.mo.us](mailto:finance@rgsd.k12.mo.us)