



Kenton County School District | It's about ALL kids.

Issue Paper

DATE:

March 24, 2023

AGENDA ITEM (ACTION ITEM):

Consider/Approve the Credit Application for credit with Keurig Dr. Pepper Manufacturing Company.

APPLICABLE BOARD POLICY:

01.11 General Powers of the Board. The Board may borrow money on the credit of the Board

HISTORY/BACKGROUND:

An approved Credit Application with Keurig Dr. Pepper Manufacturing Company will allow the KCS D Student Nutrition Department to purchase water and juice with KCS D Purchase Orders. Per email dated March 24, 2023, from Zac Philpot, Keurig Dr. Pepper Business Development Representative, Keurig Dr. Pepper has agreed to The Kenton County Board of Education's payment terms of NET 45-60.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approval of the Credit Application for credit with Keurig Dr. Pepper Manufacturing Company.

CONTACT PERSON:

Cinda Roberts, Purchasing Agent

A handwritten signature in blue ink, appearing to read 'Cinda Roberts', written over a horizontal line.

Principal/Administrator

A handwritten signature in black ink, appearing to read 'Matthew Rigg', written over a horizontal line.

District Administrator

A large, stylized handwritten signature in black ink, written over a horizontal line.

Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal—complete, print, sign and send to your Director. Director—if approved, sign and put in the Superintendent's mailbox.

1 Create Account

2 Owners/Principal Info

3 References

4 Ship, Bill, A/P Info

5 Electronic Signature

6 Submit Request

Credit Request

Planned monthly purchase *

----- Select -----

Account with us (Existing customer) ?

☒ NO ☐ YES

Acct #

Order pending ?

☒ NO ☐ YES

Amount

Company Description

LEGAL Company Name *

Kenton County Board of Education

Trade/DBA Name *

Country *

United States of America

Address Line 1 *

1055 Eaton Dr.

Address Line 2

City *

Ft. Wright

State/Province *

-select state-

KY

Zip/Postal Code *

41017

Phone *

(859) 344-8888

Fax *

(859) 344-1531

Business Email

elizabeth.hord@kenton.kyschools.us

Business Profile

Organization Type *

----- Select -----

School District

Style of Business *

----- Select -----

Year Established *

100+

(YYYY)

State/Province of Incorporation *

-select state-

KY

Number of Employees *

Unknown/Can't disclose

Annual Sales *

Unknown/Can't disclose

Company Identification

Federal Tax ID *

DUNS Number

Tax Exempt Certificate

Is this a Tax Exempt purchase or service? *

NO ☒ YES

Applicant's Contact Info

Title *

----- Select -----

First Name *

Elizabeth

Last Name *

Hord

Work Phone *

(859) 957-2659

E-mail *

elizabeth.hord@kenton.kyschools.us

Re-Type E-mail *

Save & Continue later

Next

1 Credit/Company Info

Additional Information

2 Owners/Principal Info

If Prior Customer - Enter Name of Business:

N/A

If Prior Customer - Enter Business Address:

3 References

Sales Rep Name:

4 Ship, Bill, A/P Info

Please provide what product you plan on purchasing.

--Select--

5 Electronic Signature

New Business Information Do not list your company's Information in any of these fields! The information must be for vendors that supply to your company.

6 Submit Request

Have you been in business less than one year? *

--Select--

No

Locations

Do you have multiple locations? *

--Select--

yes

Back

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1 [Skip to Page Info](#)

2 Owners/Principal Info

3 References

4 Ship, Bill, A/P Info

5 Electronic Signature

6 Submit Request

Attach Credit Documents

W-9

[Submit Document](#)

FEIN

[Submit Document](#)

Select

Document

Date

No records found.

[Back](#)

[Save & Continue later](#)

[Next](#)

1 Credit/Company Info

Add Owner/Officer Information

Same as *Application's Contact Information*

2 Owners & Officers

Basic Information

3 References

First Name *

Same

4 Ship, Bill, A/P Info

Last Name *

Phone No *

5 Electronic Signature

E-mail *

6 Submit Request

Title *

----- Select -----

Back

Add officer Info

1 Credit/Company Info

Business/Trade Reference

Minimum required: 2

Added: 0

Total number of references added: 0

2 Owners/Principal Info

NOTE: Trade references cannot be insurance, credit card companies or utilities. It must be a vendor with whom you have a credit account.

3 Reference #

Account #

See Attached

Company name *

4 Ship, Bill, A/P Info

Country *

United States of America

5 Electronic Signature

Address Line 1 *

Address Line 2

6 Submit Request

City *

State/Province *

-select state-

Zip/Postal Code *

Contact Person/Credit Manager

First Name *

Last Name *

Phone No *

Fax *

Your reference is contacted by Email. You must enter the correct email address. Please to obtain your reference's email address if you do not have one.

E-mail *

Confirm E-mail *

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[Add Reference](#)

1 Credit/Company Info

Business/Trade Reference

Minimum required: 2

Added: 0

Total number of references added: 0

2 Owners/Principal Info

NOTE: Trade references cannot be insurance, credit card companies or utilities. It must be a vendor with whom you have a credit account.

3 Reference

Account #

See Attached

Company name *

4 Ship, Bill, A/P Info

Country *

United States of America

5 Electronic Signature

Address Line 1 *

Address Line 2

6 Submit Request

City *

State/Province *

--select state--

Zip/Postal Code *

Contact Person/Credit Manager

First Name *

Last Name *

Phone No *

Fax *

Your reference is contacted by Email. You must enter the correct email address. Please to obtain your reference's email address if you do not have one.

E-mail *

Confirm E-mail *

[Back](#)

[Add Reference](#)

1 Credit/Company Info

Shipping Information

[Add Shipping](#)

-Check to confirm

2 Owners/Principal Info

[Update](#)

3 References

4 Shipper A/P Info

5 Electronic Signature

Billing Information (For Statements and Invoices):

[Add Billing](#)

-Check to confirm

6 Submit Request

[Update](#)

Accounts Payable Contact: *Katie Smith*

-Check to confirm

[Update](#)

Personal Guarantee: *N/A*

[View & Print Personal Guarantee](#)

Provide Personal Guarantee (Applicant or Other Personal Guarantee (s))

☒ NO

☐ YES

[Click here to request a Guarantor To Provide Personal Guarantee](#)

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[Save & Continue later](#)

[Next](#)

- Accept Signature**