

VENDOR REGISTRATION

(FORM MUST BE TYPED FOR LEGIBILITY)

Superior Unified School District #15

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New Application

Update Application

Bidder's Application

Purchase Order Address:

Business Name: _____ (name invoiced under)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ PO Email: _____

Vendor Representative Name/designated department): _____ E-mail: _____

Telephone #: _____ FAX #: _____ Toll Free #: _____

Remittance/Payment Address:

Business Name: _____ (name invoiced under)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Accounting Representative Name: _____ PO E-mail: _____

Telephone #: _____ FAX #: _____ Toll Free # _____

(Special Note: Form W-9 – Request for Taxpayer ID # and Certification - is required to add an individual or company/firm to our files.)

IDENTIFICATION: Federal ID #: _____ Social Security Number (if individual) _____

AZ Sales Tax ID: _____ Your City Sales Tax Rate: _____

TYPE OF ORGANIZATION (check one): Individual Partnership Public Utility Corporation Non-Profit Government Agency

TYPE OF BUSINESS (check one): Consultant Broker Construction Service Manufacturer Retailer Factory
 Wholesaler Surplus Dealer Financial Communication Architect/Engineer
 Other _____

COMMODITY/ITEM OR SERVICE OFFERED (please specify) _____

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***** A copy of the Valid Fingerprint Clearance Card must be submitted with this application pursuant to A.R.S. 41-1758 et seq. Vendor will not be authorized to provide services if a copy of Fingerprint Clearance Card is not submitted with this application*****

This form must have all information filled out completely. Tax numbers and the form W-9 are important for legal representation of lawful vendors. Only lawful vendors will be added to our computer system. **Be advised that your application will not be added without the W-9 form attached.** Please fill out information as it pertains to your business and return the forms via mail or fax or to the district office purchasing department at (fax) 520-689-3009. This form must be legible, especially when faxing.

REFERENCES (schools preferred)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____