

Vendor Registration Form

New Applicant Change Information

Legal Name of Organization/Individual _____

Doing Business As (if applicable) _____

Federal ID# or Social Security Number

Type of Entity

Mailing Address:

Remittance Address (if different):

Contact Name: _____

Official Capacity: _____

Telephone Number: _____

Fax Number: _____

Please provide a brief description of your company's products or services:

Are payments exempt from backup withholding: Yes No

Arizona Transaction Privilege License Number (Sales Tax Number): _____

If out-of-state vendor, do you remit Arizona sales/use tax: Yes No

Please attach a completed W-9 with your registration.

I am duly authorized to certify the information requested herein and to the best of my knowledge, the elements of the information provided herein are accurate and true as of this date.

Print or Type Name

Title

Authorized Signature

Date