

# VENDOR APPLICATION

## Tombstone Unified School District #1

**PO Box 1000  
815 East Fremont  
Tombstone, AZ 85638**

**PHONE (520) 457-2217  
FAX (520) 457-3270  
[www.tombstoneschools.org](http://www.tombstoneschools.org)**

**Customer Service / Orders**

**Accounts Receivable / Payments**

Business Name		
Address		
City		
State, Zip Code		
Contact Person		
Contact Email		
Phone Number	(    )	(    )
Fax Number	(    )	(    )
E-mail address to receive Purchase Orders		

**IDENTIFICATION**

Federal ID# \_\_\_\_\_

AZ Sales Tax ID# \_\_\_\_\_

Contractor No. \_\_\_\_\_

Contractor No. \_\_\_\_\_

**Organization** (check one)

- Individual
- Partnership (LLC)
- Public Utility
- Corporation
- Non-Profit
- Government Agency

**Vendor Category** (check one)

- Disadvantaged Business
- Small Business
- Woman Owned
- Non-Small/Non-Disadvantaged

**Type of Business** (check one)

- Consultant
- Retailer
- Wholesaler
- Broker
- Construction
- Manufacturer
- Communication
- Architect/Engineer
- Professional Service
- Other (Specify)

**COMMODITY OR SERVICE OFFERED** (please specify commodity/service, or attach list)

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Invoice Terms: \_\_\_\_\_  
(Your terms for receiving payment)

FOB Point: \_\_\_\_\_  
(Destination, Origin, other)

Please fill out information as it pertains to your type of business and return the forms via mail, email or fax to the district office-purchasing department (fax) 520-457-3270. This form must be typed for legibility, especially when faxing.

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 the computer system.

***Be advised that your application will not be added without form W-9 attached and this application completed in its entirety.***

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## INSTRUCTIONS

Please type this form, if at all possible. Faxed copies are often difficult to read when hand written.

Vendor's name should be completely spelled out. No initials, if relevant. Many vendors have different address for receiving payment, sometimes different names. Please complete the vendor name and address block appropriately.

Address should correspond to the ordering address as well as the payment address, if applicable. The vendor representative space can be listed as a department if no one individual is named.

Please provide toll free numbers if available.

Federal ID number is required. State ID and state tax rate is required for Arizona vendors. Social Security Number is required for sole proprietorships and individuals.

Please check one box in each of the following three sections (type of organization, vendor category, and type of business).

Please list a general category of commodities or services offered.

You are responsible to notify TUSD#1 of any and all changes stated herein. Failure to do so may result in your company not receiving a IFB/RFP, orders or payments in a timely fashion, or removal from the bidder's list.

All catalogs or product folders are kept on file in our reference library for one (1) year.

Visions application. Only vendors responding with a completed "New Vendor Form" and a W-9 will be added to the computer system for orders. All "required fields" must be completed.

Bid applications: Failure to respond to two consecutive bids will result in your removal from our bid list. By definition, a "no bid" written on our bid documents and returned in properly sealed envelopes is considered a response.

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06/2010