



Show Low Unified School District #10

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Superintendent
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Dear Vendor:

Welcome to the growing team of vendors who serve the Show Low Unified School District. The purpose of this information is to acquaint those who wish to sell products or provide services to the Show Low Unified School District. Familiarity with the procedures will aid in presenting your company's products and/or services to our district.

This information does not alter or supersede the Arizona Revised Statutes (A.R.S.) or the Arizona Administrative Code (A.A.C.).

The information is intended as a general guide and as such, may not answer all the questions you may have. If you have additional questions, please feel free to contact us at (928) 537-6011. This packet contains:

- ❖ Vendor Registration Application
- ❖ Important Vendor Information
- ❖ W-9 Form

Vendor Registration Application

All vendor applications are maintained by the Show Low Unified School District Business Office for classifications of District procurements. The information is used to identify applicable vendors for specific procurements, especially formal Requests for Quotations (RFQ), Invitations for Bid (IFB), or Requests for Proposal (RFP). This provides the District with current and potential new vendors, facilitates communication, and better identifies procurement sources.

Please complete the Vendor Registration Application and W-9 and return to:

Show Low Unified School District #10
Attn: Purchasing Department
500 W. Old Linden Rd.
Show Low, AZ 85901

Or: Vendors@showlow.education

Thank you for your interest in the Show Low Unified School District.

Show Low Unified School District #10

500 W. Old Linden Rd, Show Low, AZ 85901 (928) 537-6011 (928) 537-6004 Fax

Vendor Registration Application

Legal Name of Organization/Individual	Doing Business As (If Applicable)		
Corporate Address	City	State	Zip
Local Address (If different from above)	City	State	Zip
Remittance Address (If different from above)	City	State	Zip
Purchase Order Address (If different from above)	City	State	Zip
Name of Contact Person	Phone Number		
Federal Employer's ID or Social Security #	Fax Number		
E-Mail (Enter complete address, example johndoe@xyz.com)	Web Address (URL) http://		

Ownership Status (Please check all that are appropriate):

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Minority Business
<input type="checkbox"/> Small Business	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Professional Corporation

Using the space below, please identify what goods and/or services that you would like to provide to the district.

I hereby certify that:

1. I am dully authorized to certify the information requested herein.
2. To the best of my knowledge, the elements of the information provided herein are accurate and true as of this date.
3. My organization will comply with all state statues and federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with A.R.S. Title 41, Chapter 9, Article 4 and Executive Order Number 75-5 dated April 28, 1975.
4. Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by SLUSD to guarantee contractual awards or agreements to this organization.
5. My organization shall comply with all terms and conditions of solicitation and contractual documents, regulations and laws, and policies and procedures set forth in the Uniform System of Financial Records (USFR) and in the Arizona State Procurement Code, as applicable to the type of procurement.
6. **My organization will not provide any product or service without first having in our possession an authorized SLUSD purchase order. No products or services will be provided based on a verbal promise of a purchase order or with the submission of a requisition for a purchase order. I understand that payment for any product or service provided without an authorized purchase order is not the responsibility of the District and that I will have to obtain payment from the original requester. My organization will direct all communication regarding SLUSD purchase orders to the SLUSD Business Office.**
7. My organization will provide the purchase order number on all invoices submitted to SLUSD. I understand that invoices received without this information will be delayed in payment with no penalties to the District.

Name – Printed or Typed

Title

Signature

Date