

VENDOR APPLICATION FORM

ORDER INFORMATION

LEGAL NAME OF ORGANIZATION/INDIVIDUAL	
MAILING ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	FAX NUMBER
EMAIL FOR PURCHASE ORDERS	

REMITTANCE INFORMATION

MAKE CHECKS PAYABLE TO	
PAYMENT ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	FAX NUMBER
FEDERAL TAX ID NUMBER	

VENDOR ACKNOWLEDGEMENTS

<p>MY BUSINESS ENTERPRISE IS: <input type="checkbox"/> MINORITY (MBE) <input type="checkbox"/> WOMAN OWNED (WBE) <input type="checkbox"/> MINORITY/WOMEN (MWBE)</p> <p>MY BUSINESS PROVIDES: <input type="checkbox"/> GOODS: _____ <input type="checkbox"/> SERVICES: _____</p> <p>MY BUSINESS REMITS ARIZONA STATE SALES TAX: <input type="checkbox"/> NO <input type="checkbox"/> YES, TAX RATE _____ %</p> <p>I AM A CURRENT PVUSD EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN: _____</p> <p>I AM A RELATIVE OF A PVUSD EMPLOYEE/BOARD MEMBER: <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN: _____</p> <p>BY SIGNATURE BELOW, I CERTIFY THAT:</p> <ol style="list-style-type: none"> 1. 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. 2. Filing of this Vendor Application Form supplies information only and does not constitute an assumed obligation by PVUSD to guarantee contractual awards or agreements to my organization. 3. Updating information contained on this form is solely the duty of my organization. 4. I read and will fully comply with the PVUSD Purchase Order Terms & Conditions found at www.pvschools.net/domain/77 5. My organization will NOT provide any product or service without first having in our possession an authorized PVUSD Purchase Order. No products or services will be provided based on a verbal promise. 6. I understand that payment for any product or service provided without an authorized Purchase Order is NOT the responsibility of PVUSD and that I will have to obtain payment from the individual requestor. 7. My organization will direct all communication regarding PVUSD Purchase Orders to the PVUSD Purchasing Office. 8. My organization will provide the Purchase Order Number on all invoices submitted to PVUSD with Net 30 payment terms. I understand that invoices received without this information will not be paid. 9. Completion of this form does not provide inclusion in the PVUSD Bidder's List for solicitations, and I understand that separate registration at www.azpurchasing.org is required to be included in future bid/proposal opportunities. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 45%; height: 40px; vertical-align: bottom;">SIGNATURE</td> <td style="width: 30%; height: 40px; vertical-align: bottom;">PRINT NAME</td> <td style="width: 25%; height: 40px; vertical-align: bottom;">DATE</td> </tr> </table>			SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE			

IRS FORM W9 MUST BE ATTACHED TO THIS APPLICATION
INCOMPLETE FORMS WILL NOT BE PROCESSED