VENDOR APPLICATION

Please provide all information that applies.

Submit this form with a signed copy of your W9.

The vendor is responisible to contact VUSD with any updates or changes. Questions? Contact Purchasing Analyst, Tori Gamble at (520) 879-2028.

COMPLETE AND RETURN TO:
purchasing@vailschooldistrict.org
Vail Unified School District No. 20
Purchasing Department
13801 E Benson Highway
Vail, AZ 85641

VENDOR DISCLOSURES: (Required)	☐ **Yes*** ☐ **No** Are you an employee for VUSD. ☐ **Yes*** ☐ **No** Are you a relative of a VUSD employee? If yes, who?_____ *If yes is answered to either question above a conflict of interest form must be on file.

GENERAL VENDOR INFORMATION	**Name of Business:**		
	DBA (*if applicable*):		
	Address:		
	City:	**State:**	**Zip Code:**
	Main Business Phone #:	**Website:**	
	Federal Tax ID or SSN #:	**DUNS No. #:**	
	Tax Classification: ☐ Individual/Sole Proprietor ☐ Corporation ☐ LLC (C) ☐ LLC (S) ☐ LLC (P) ☐ Non-Profit		

PURCHASE ORDER INFORMATION	**Does Your Organization Accept Purchase Orders:** ☐ **Yes*** ☐ **No** *by indicating YES, vendor agrees to Net 30 terms and understands paymet will not be issued until services/goods are received, and an invoice is provided to the VUSD Accounts Payable Department.		
	Business Name for Purchase Orders:		
	Address on Purchase Order:		
	City:	**State:**	**Zip Code:**
	Vendor Order Phone #:		
	Vendor Order Email:		

PAYMENT AND INVOICE INFORMATION	**Pay to the Order of:**		
	Remittance Address:		
	City:	**State:**	**Zip Code:**
	Accounting Contact:	**Accounting Phone:**	
	Accounting Email:		

USE TAX DETERMINATION	**Do you have an Arizona Transaction Privilege Tax License?** ☐ **Yes** ☐ **No** **(If Yes, #:)**
	Does your organization have a physical Arizona Location? ☐ **Yes** ☐ **No**
	Does your organization provide goods, services, or both? ☐ **Goods** ☐ **Services** ☐ **Both**

COOPERATIVE PURCHASING: *(Check all that apply and indicate award number for each contract)*	☐ **Mohave #**_____ ☐ **City of Tucson #**_____ ☐ **S.A.V.E. #**_____ ☐ **NJPA #**_____ ☐ **State of Arizona #**_____ ☐ **US Communities #**_____ ☐ **National IPA #**_____ ☐ **NCPA #**_____ ☐ **1GPA #**_____ ☐ **Partners Choice #**_____ ☐ **Other #**_____

By signing below, I certify all information is true and correct to the best of my knowledge.

Printed Name:	**Title:**
Signature:	**Date:**

If you would like to be on the VUSD Bidders List; please register at www.azpurchasing.org.