



VENDOR APPLICATION

Please provide all information that applies.
 Submit this form with a signed copy of your W9.
*The vendor is responsible 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

GENERAL VENDOR INFORMATION	NAME OF VENDOR:		
	DBA (if applicable):		
	Street Address:		
	City:	State:	Zip Code:
	Main Business Phone #:		
	Website:		
	Federal Tax ID or SSN #:		DUNS No. #:
	Tax Classification: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (C) <input type="checkbox"/> LLC (S) <input type="checkbox"/> LLC (P) <input type="checkbox"/> Non-Profit		

PURCHASE ORDER INFORMATION	Does Your Organization Accept Purchase Orders: <input type="checkbox"/> Yes* <input type="checkbox"/> No *by indicating YES, vendor agrees to Net 30 terms and understands payment will not be issued until services/goods are received, and an invoice is provided to the VUSD Accounts Payable Department.		
	Business Name on Purchase Order:		
	Order Address:		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, #: _____)		
	Does your organization have a physical Arizona Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does your organization provide goods, services, or both? <input type="checkbox"/> Goods <input type="checkbox"/> Services <input type="checkbox"/> Both		

COOPERATIVE PURCHASING: <i>(Check all that apply and indicate award number for each contract)</i>	<input type="checkbox"/> Mohave # _____ <input type="checkbox"/> City of Tucson # _____ <input type="checkbox"/> S.A.V.E. # _____ <input type="checkbox"/> NJPA # _____				
	<input type="checkbox"/> State of Arizona # _____		<input type="checkbox"/> US Communities # _____		
	<input type="checkbox"/> National IPA # _____		<input type="checkbox"/> NCPA # _____		
		<input type="checkbox"/> 1GPA # _____		<input type="checkbox"/> Partners Choice # _____	
				<input type="checkbox"/> Other # _____	

VENDOR DISCLOSURES:	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you an employee for VUSD. If yes, a conflict of interest form must be on file.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a relative of a VUSD employee? If yes, who? _____		

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.