

VENDOR FORM

Kyrene School District
Purchasing Department
8700 S Kyrene Rd
Tempe, Arizona 85284

KSDPURCHASING@KYRENE.ORG

PH 480-541-1364

Purchase Order Address:

Business Name:

Mailing Address:

City: State: Zip Code: PO Email:

Vendor Representative Name: E-mail:

Telephone #: FAX #: Toll Free #:

Remittance/Payment Address:

Business Name: (name invoiced under)

Mailing Address:

City: State: Zip Code:

Accounting Representative Name: Accounting Email:

Telephone #: FAX #: Toll Free #:

(SPECIAL NOTE: FORM W-9 - REQUEST FOR TAXPAYER ID # & CERTIFICATION- IS REQUIRED TO ADD AN INDIVIDUAL OR COMPANY/FIRM.)

IDENTIFICATION:

FEDERAL ID#

TAX ID # (IF INDIVIDUAL):

TYPE OF ORGANIZATION (CHECK ONE)

INDIVIDUAL
CORPORATION

PARTNERSHIP
NON-PROFIT

PUBLIC UTILITY
GOVERNMENT
AGENCY

DOES YOUR COMPANY ACCEPT PURCHASE ORDERS?

YES

NO

ARE YOU A KSD EMPLOYEE, RELATIVE OF A KSD EMPLOYEE, MEMBER OR RELATIVE OF KSD
GOVERNING BOARD?

YES

NO

SERVICES OR PRODUCTS PROVIDED: _____

VENDOR ACKNOWLEDGEMENTS- BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT:

1. I am duly 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 statutes 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 Kyrene School District (KSD) to guarantee contractual awards or agreements to my organization.
5. Updating information contained on this form is solely the duty of my organization.
6. My organization will not provide any product or service without first having in our possession an authorized KSD 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 KSD and that I will have to obtain payment from the individual requester.
7. My organization will direct all communication regarding KSD Purchase Orders to the KSD Procurement Office.
8. My organization will provide the Purchase Order number on all invoices submitted to KSD. I understand that invoices received without this information will not be paid.

PRINTED NAME: _____ SIGNATURE: _____ TITLE: _____ DATE: _____