## **VENDOR APPLICATION**

(FORM MUST BE TYPED FOR LEGIBILITY)

Nogales Unified School District No. 1
Purchasing Department

310 W. Plum Street Nogales, Arizona 85621 Phone :(520) 397-7933 / FAX (520) 287-6618

E-MAIL: ncontre@nusd.k12.az.us

New Application	
Update Application	
Bidder's Application	

Form Revised 10/7/13

Purchase Order Address:				
Business Name:		(name invoiced under)		
Mailing Address:				
Citv:	State: Zip Co	de: PO Email:		
Vendor Representative Name/designated depart	·			
	FAX #:			
тетернопе #		10  11  ee #		
Remittance/Payment Address:				
Business Name:		(name	invoiced under)	
Mailing Address:				
City:	State:	Zip Code:		
Accounting Representative Name:				
	FAX #:			
(Special Note: Form W-9 – Request for Ta	kpayer ID # and Certification - is	required to add an individual o	r company/firm to our files.)	
IDENTIFICATION: Federal ID #:		Social Security Number (if ind	ividual)	
AZ Sales Tax ID:		Your City Sales Tax Rate	<b>:</b>	
TYPE OF ORGANIZATION (check one):	☐ Individual ☐ Partnership ☐ F	-	□ Non-Profit □ Government Agency	
VENDOR CATEGORY (check one):	·	•	□ Non-Small/Non-Disadvantaged	
,	•		-	
TYPE OF BUSINESS (check one):		aler  Financial  Co	nufacturer □ Retailer □ Factory mmunication □ Architect/Engineer	
COMMODITY/ITEM OR SERVICE OF				
	piease specify			
□ Professional Service** (Please	specify service(s) type)			
***** A copy of the Valid Fingerprint Clearance Card must be submitted with this application pursuant to A.R.S. 41-1758 et seq. Vendor will be not be authorized to provide services if the copy of Fingerprint Clearance Card is not submitted with this				
application************************************	provide services if the cop	y or i ingerprint Clearance	Card is not submitted with this	
-			_	
Invoice Terms:(your terms for receiving p	ayment)	FOB Point:(Destina	tion, Origin, other)	
This form must have all information filled out covendors will be added to our computer system. Please fill out information as it pertains to your ty 6618. This form must be legible, especially when	ompletely. Tax numbers and the for Be advised that your application was one of business and return the forms	rm W-9 are important for legal repril repril rot be added without the W-9	resentation of lawful vendors. Only lawful form attached.	
	REFERENCES (scho			
Name:				
Address:				
City, State, Zip:Phone:		ry, State, Zip ione:		

NUSD Personnel Only-<u>required for processing</u>): Request submitted by (employee and site):

## **INSTRUCTIONS**

Please type this form, if at all possible. Faxed copies are often difficult to read when hand written.

- Vendor's name should be completely spelled out. No initials, if relevant.
- Mailing address should be where purchase orders should be sent to. The vendor representative space can be listed as a department if no one individual is named.
- Please provide toll free numbers if available.
- Federal ID number is required. State ID and state tax rate is required for Arizona vendors. Social Security Number is required for sole proprietorships and individuals.
- Please check one box in each of the following three sections (type of organization, vendor category, and type of business).
- Please list a general category of commodities or services offered.
- Vendors provided Professional Services must provide a copy of a Valid Fingerprint Clearance Card. Vendors will not be authorized to provided services if this fingerprint card copy is not provided with this application.
- You are responsible to notify NUSD of any and all changes stated herein. Failure to do so may result in your company not receiving a bid/RFP in a timely fashion, or removal from the bidder's list.
- All catalogs or product folders are kept on file in our reference library for two (2) years.
- Bid applications: Failure to respond to two consecutive bids will result in your removal from our bid list. By definition, a "no bid" written on our bid documents and returned in properly sealed envelopes is considered a response.