

Eloy Elementary School District #11 – Vendor Information Sheet

1011 N. Sunshine Blvd. Eloy, AZ 85131 / (520)466-2100 / Fax: 520-466-2101
Website: www.eloypesd.org

All new vendors must complete this form and submit it with a completed IRS Form W-9 prior to vendor setup, purchase authorization, or payment processing. Please submit completed forms to: AcctsPayable@eloypesd.net

VENDOR INFORMATION

Legal Business Name: _____

DBA/ Trade Name: _____

Tax ID (EIN/SSN): _____

Business Type:

- Individual/Sole Proprietor Partnership C-Corp S-Corp LLC
 Government Non-Profit Other: _____

Goods/Services Provided: _____

Arizona TPT License #: _____ Not Applicable

Collect Arizona Sales Tax? Yes No

1099 REPORTING STATUS

Subject to IRS 1099 Reporting? Yes No

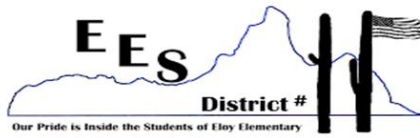
If NO, reason exempt: Corporation Government Non-Profit Other _____

CONTACT INFORMATION

Primary Contact: _____

Phone: _____ Email: _____

Email Address for Purchase Orders: _____



ADDRESS INFORMATION

Physical Address: _____

City _____ State _____ Zip _____

Remittance Address (if different): _____

City _____ State _____ Zip _____

COMPLIANCE & CERTIFICATION

Vendor carries required insurance (if applicable)

Vendor is not suspended or debarred from federal/state/or local government agency contracts

By signing below, vendor certifies and agrees that:

- Information provided is true, accurate, and complete
 - Current W-9 is attached
 - No goods or services shall be provided without an authorized District Purchase Order issued in advance
 - A Purchase Order is the District's promise to pay
 - Invoices/Shipping documents must reference a valid Purchase Order number
 - The District is not responsible for orders placed before a PO number is assigned
 - No invoice will be paid until goods are received or services are completed
 - Partial orders will not be paid until the order is complete
 - Payment is contingent upon receipt and approval of goods/services
 - The District reserves the right to reject incomplete documentation
 - The vendor will comply with all applicable federal, state, and local laws and regulations
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Authorized Representative (Print): _____

Title: _____

Signature: _____ **Date:** _____