

Baboquivari Unified School District #40

VENDOR REGISTRATION FORM

<u>ORDER INFORMATION:</u>	<u>REMITTANCE INFORMATION:</u>
<u>Company Name:</u> _____	<u>Company Name:</u> _____
<u>Street Address:</u> _____ _____ _____	<u>Street Address:</u> _____ _____ _____
<u>Phone No.:</u> _____	<u>Phone No.:</u> _____
<u>Fax No.:</u> _____	<u>Fax No.:</u> _____
<u>Contact:</u> _____	<u>Contact:</u> _____
<u>P.O. Email:</u> _____	<u>Remittance Email:</u> _____
<u>Cooperative Contract Provider Name:</u> _____	<u>Cooperative Contract Number:</u> _____
<u>Tax Identification Number:</u> _____	<u>Payment Method Preferred:</u> <input type="checkbox"/> Commerce P-Card <input type="checkbox"/> Check Other _____

Please return with your W-9

Attention Shaelyn Antone saantone@busd40.org

Name of District Department with whom you are currently working: <hr/> <hr/>	Are you a District Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Relative of District Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Goods/Services Offered: <hr/> <hr/> <hr/> <hr/>	Member or Relative of District's Governing Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered Yes to any of the questions, please explain: <hr/> <hr/>

VENDOR ACKNOWLEDGEMENTS BY SIGNING BELOW, I CERTIFY 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 applicable State statutes and Federal regulations that govern purchases from my company.
- 4.) Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by Baboquivari Unified School District (DISTRICT) 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/service without first having in our possession an authorized DISTRICT Purchase Order. No products/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/service provided without an authorized Purchase Order is not the responsibility of DISTRICT and that I will have to obtain payment from the individual requestor.
- 7.) My organization will direct all communication regarding Purchase Orders to the District Purchasing Department.
- 8.) My organization will provide the Purchase Order number on all invoices submitted to DISTRICT. I understand that invoices received without this information will not be paid.
- 9.) All goods/services must be received by June 30 of each fiscal year. I understand that it is my responsibility to follow up on payment of invoices within 30 days.
- 10.) This form allows DISTRICT to issue PO's and payment to you. It does not provide inclusion in DISTRICT's Bid List. To be included in future bid opportunities, please register separately <https://procurement.opengov.com/governments/4803/projects>

Printed Name: <hr/>	Title: <hr/>
Signature: <hr/>	Date: <hr/>