

VENDOR REGISTRATION APPLICATION

ORDER INFORMATION		PAYMENT INFORMATION	
LEGAL NAME OF ORGANIZATION / INDIVIDUAL / DBA		LEGAL NAME OF <u>PAYEE</u>	
STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS 2		STREET ADDRESS 2	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE NUMBER W/ EXTENSION	FAX NUMBER	PHONE NUMBER W/ EXTENSION	FAX NUMBER
CONTACT NAME		CONTACT NAME	
EMAIL ADDRESS FOR <u>PURCHASE ORDERS</u>		EMAIL ADDRESS FOR <u>ACCOUNTS RECEIVABLE</u>	
WEB ADDRESS		DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? <div style="display: flex; justify-content: space-around;"> YES NO </div>	
DO YOU REMIT ARIZONA STATE SALES TAX? <div style="display: flex; justify-content: space-around;"> YES NO </div>		ARE YOU A H-OUUSD EMPLOYEE OR BOARD MEMBER? <div style="display: flex; justify-content: space-around;"> YES NO </div> IF YES, EXPLAIN: 	
DOES YOUR COMPANY PROVIDE: <div style="display: flex; justify-content: space-around;"> GOODS SERVICES BOTH </div>		RELATIVE OF H-OUUSD EMPLOYEE OR BOARD MEMBER? <div style="display: flex; justify-content: space-around;"> YES NO </div> IF YES, EXPLAIN: 	
PLEASE DESCRIBE:		ARE YOU A MEMBER OF A PURCHASING CO-OP? <div style="display: flex; justify-content: space-around;"> YES NO </div> IF YES, LIST NAME & CONTRACT #:	
VENDOR ACKNOWLEDGMENTS BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT:			
<ol style="list-style-type: none"> 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 Heber-Overgaard USD (H-OUUSD) 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 H-OUUSD 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 H-O USD and that I will have to obtain payment from the individual requester. 7. My organization will direct all communication regarding H-O USD Purchase Orders to the H-O USD Procurement Office. 8. My organization will provide the Purchase Order number on all invoices submitted to H-O USD. I understand that invoices received without this information will not be paid. 9. My organization will submit all invoices directly to H-O USD Accounts Payable and not to the requesting department or school. 			
PRINTED OR TYPED NAME		TITLE	
SIGNATURE		DATE	

***NOTE: This form allows H-O USD to issue Purchase Orders and payment to you. It does not provide inclusion in the Heber-Overgaard Unified School District Vendor's Bid List.**