

VENDOR APPLICATION FORM

ORDER INFORMATION

NAME OF VENDOR/INDIVIDUAL FOR PURCHASE ORDER:	
MAILING ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	FAX NUMBER
EMAIL FOR PURCHASE ORDERS	

REMITTANCE INFORMATION

MAKE CHECKS PAYABLE TO:	
PAYMENT ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	FAX NUMBER
FEDERAL TAX ID NUMBER	

VENDOR ACKNOWLEDGEMENTS

GOODS OR SERVICES: _____

PVUSD site requesting goods/services: _____

BUSINESS ENTERPRISE: MINORITY (MBE) WOMAN OWNED (WBE) MINORITY/WOMEN (MWBE) NONE

CONFLICT OF INTEREST: Are you aware of any relationship between the Vendor and a District official/employee which could result in potential personal gain for the District official/employee or which could enable the District official/employee to influence the Vendor relationship for perceived personal gain?

Answer: I AM NOT I AM = Employee Name & Relationship: _____

BY SIGNATURE BELOW, I CERTIFY THAT:

1. I am duly authorized to certify the information requested herein and to the best of my knowledge, the elements of the information provided herein are ACCURATE AND TRUE as of this date.
2. Filing of this Vendor Application Form supplies information only and does not constitute an assumed obligation by PVUSD to guarantee contractual awards or agreements to my organization.
3. Updating information contained on this form is solely the duty of my organization.
4. I read and will fully comply with the PVUSD Terms & Conditions found at <https://www.pvschools.net/departments-directory/purchasing>.
5. My organization will NOT provide any product or service without first having in our possession an authorized PVUSD Purchase Order. No products or services will be provided based on a verbal promise.
6. I understand that payment for any product or service provided without an authorized Purchase Order is NOT the responsibility of PVUSD and that I will have to obtain payment from the individual requestor.
7. My organization will direct all communication regarding PVUSD Purchase Orders to the PVUSD Purchasing Office at 602-449-2070.
8. My organization will provide the Purchase Order Number on all invoices submitted to PVUSD with Net 30 payment terms. I understand that invoices received without this information will not be paid. I will mail or email invoices to PVUSD-INVOICES@PVSCHOOLS.NET
9. Completion of this form does not provide inclusion in the PVUSD Bidder's List for solicitations, and I understand that separate registration at WWW.AZPURCHASING.ORG is required to be included in future bid/proposal opportunities.
10. I AM NOT a current employee of the PVUSD.

SIGNATURE	PRINT NAME	DATE
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IRS FORM W9 MUST BE ATTACHED TO THIS APPLICATION
INCOMPLETE FORMS WILL NOT BE PROCESSED