



VENDOR #: _____
(to be filled in by District)

KINGMAN UNIFIED SCHOOL DISTRICT #20

Purchasing Department
3033 MacDonald Avenue
Kingman, AZ 86401
928-753-5678

VENDOR REGISTRATION FORM

(Please complete form and email back to dpiccinetti@kusd.org)

Vendor Name: _____

Address: _____ City: _____ State: _____ Zip: _____
(Solicitations and Purchase Orders will be send to this address)

Phone: _____ Fax Number: _____

Company Website _____

E-mail Address: _____

Federal Tax ID#: _____ or Social Security #: _____

Sales Representative: _____

Owner(s): _____ Date Est. _____

REMIT ADDRESS: (Payments will be mailed to this address)

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Contact Name: _____ E-mail Address: _____

Please list below the commodity and/or service(s) on which you wish to bid:
(i.e. textbooks, office supplies, engineers/mechanical, furniture/outdoor, athletic/uniforms)

APPLICANT CERTIFICATION:

I CERTIFY THAT:

I, as an officer of this organization, am duly authorized to certify the information requested herein: To the best of my knowledge, the information provided herein is accurate and true as of the submittal date; and my organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with ARS Title 41, Chapter 9, Article 4.

Name & Title: _____ Date: _____

Note: Submittal of the Vendor Information Form shall not be construed as a contract with the district. Vendors shall only fulfill orders through a district purchase order signed by the KUSD Superintendent.