

CREIGHTON ELEMENTARY SCHOOL DISTRICT #14

VENDOR REGISTRATION AND UPDATE FORM

ORDER INFORMATION		PAYMENT INFORMATION	
LEGAL NAME OF ORGANIZATION / INDIVIDUAL		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	
CONTACT EMAIL FOR QUOTES		EMAIL ADDRESS FOR <u>ACCOUNTS RECEIVABLE</u>	
EMAIL ADDRESS FOR <u>PURCHASE ORDERS</u>		DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? YES NO	
WEB ADDRESS		ARE YOU ON A COOPERATIVE CONTRACT?	
DO YOU REMIT ARIZONA STATE SALES TAX? YES NO		ARE YOU A CSD EMPLOYEE? YES NO IF YES, EXPLAIN:	
DOES YOUR COMPANY PROVIDE: GOODS SERVICES BOTH		RELATIVE OF CSD EMPLOYEE? YES NO IF YES, EXPLAIN:	
PLEASE DESCRIBE:		MEMBER OR RELATIVE OF CSD GOVERNING BOARD? YES NO IF YES, EXPLAIN:	
VENDOR ACKNOWLEDGEMENTS - 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 provides information only and does not constitute an assumed obligation by Creighton Elementary School District (CSD) 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 CSD 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 CSD and that I will have to obtain payment from the individual requestor. 7. My organization will direct all communication regarding CSD Purchase Orders to the CSD Procurement Office. 8. My organization will provide the Purchase Order number on all invoices submitted to CSD. I understand that invoices received without this information will not be paid. 9. My organization will submit all invoices directly to CSD Accounts Payable and not to the requesting department or school. 10. This form allows CSD to issue Purchase Orders and payments. It does not provide inclusion in the Creighton Elementary School District Vendor's Bid List. 			
PRINTED OR TYPED NAME		TITLE	
SIGNATURE		DATE	

W-9 form must accompany this form

Please return form via Email to: rayers@creightonschools.org or mailed as follows:
Creighton School District #14, c/o Purchasing Dept., 2702 E. Flower St., Phoenix, AZ 85016