



Vendor Information Form

Osborn School District

1226 W. Osborn Road, Phoenix, AZ 85013

Phone: 602-707-2000 Fax: 602-7072040

To Whom It May Concern:

Osborn School District orders everything with Purchase Orders. You must accept Purchase Orders in order to do business with us.

New Vendors and Current Vendors (updating information), Please complete the attached forms and return them to us with a W-9 so that we can add you to our vendor and/or bidders list. Make sure you *carefully read* and complete all pages.

It is important for you to identify a person or job title to whom purchase orders and/or solicitation notices should be directed to.

Thank you for doing business with the Osborn School District. If you have questions, please contact us by phone at 602-707-2000 or fax 602-707-2040.

Remember:

1. Complete Registration Form
2. Select categories for which you wish to be considered
3. Return all pages by mail or email to fstaron@osbornsd.org,
attention Purchasing
4. Include a filled out W-9 Form

Are you a New Vendor? ☐ Yes ☐ No, Updating Vendor Information

Date: _____

Are you or a family member currently employed with Osborn? ☐ Yes ☐ No

Have you ever been employed by Osborn? ☐ No ☐ Yes, When: _____

Is your company on a cooperative contract? ☐ Yes ☐ No

If yes, please list the co-op & contract #: _____

Is your business: (please mark all that apply)

- | | |
|---|---|
| ☐ Government Agency | ☐ Non Profit (please provide 501c3 letter or IRS determination) |
| ☐ Woman Business Enterprise | ☐ Small Business (fewer than 100 employees or less than 4 million in annual revenue) |
| ☐ Minority Business (please specify) _____ | ☐ Veteran Owned |
| | ☐ other (please specify) _____ |

We are not tax-exempt; is sales tax charged? ☐ Yes ☐ No

Do you require a 1099 tax form? ☐ Yes ☐ No

If yes, what type of 1099 form is needed? ☐ 1099 NEC ☐ 1099 MISC

Federal Tax ID # _____

☐ W-9 Form

Social Security # _____

- ☐ individual/sole proprietor
☐ corporation
☐ partnership
☐ other: _____

Please include a filled out W-9 form, the district must have one on file for every vendor. **You will not be registered without one.**

Vendor Information

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Contact Person & Title: _____

Email: _____

Type of Services: *Please see the last pages.*

Remittance (Payments)

Same as Above? ☐ Yes ☐ No (If No, please complete information below)

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Contact Person & Title: _____

Email: _____

Purchase Orders – Please provide Fax and/or Email address where to send PO's

Contact Person & Title: _____

Email: _____

Phone Number: _____

Fax Number: _____

I certify that (PLEASE READ CAREFULLY):

1. I am duly authorized to certify the information requested on this form;
2. To the best of my knowledge, the elements of information provided herein are accurate and true as of this date;
3. My organization warrants that it and all proposed subcontractors are in compliance with Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees, and shall obtain statements from all subcontractors certifying compliance with this requirement and shall furnish the statements to the District upon request;
4. My organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with Federal Executive Order 11246, State Executive Order 75.5 or A.R.S.41-1461 through 1465;
5. My organization shall not provide any product or service without first having in our possession an authorized PURCHASE ORDER from the District. I understand that payment for any product or service without first having in our possession an authorized Purchase Order is NOT the responsibility of the District and I will be required to obtain payment from the individual requestor;
6. My organization shall provide the Purchase Order numbers on all invoices submitted to the District. I understand that invoices received without this information may not be paid;
7. All District invoices shall be submitted directly to the Districts Business Support Service Department - Accounts Payables and not the requesting school or department. Email to accountspayable@osbornsd.org.
8. All Invoices must be received by June 30th of each fiscal year. It is the vendor's responsibility to follow up on payment of invoices within 30 days.
9. It is understood that when notice of invitation for bid is received, we will respond with a proposal, or return the forms marked "No Bid at this Time". Failure to respond to two successive solicitations for similar procurements may result in removal from the approved vendor list.
10. I certified that I have carefully read all of the above and understand to the best of my ability:

Signature of person completing the form _____

Print Name: _____

Title: _____

Date: _____

CIRCLE ALL CATEGORIES THAT PERTAIN TO YOUR BUSINESS

ABRASIVE MATERIALS
AIR CONDITIONING EQUIP & SUPPLIES
ART EQUIP & SUPPLIES
ABESTOS CONSULTANT ABATEMENT
ARCHITECT SERVICES
ATHLETIC EQUIP, SUPPLIES, UNIFORM
AUDIO VISUAL, EQUIP, REPAIRS,
SUPPLIES
AUDITORS/ACCOUNTANTS
AUTOMOTIVE EQUIP, SUPPLIES
BLEACHERS & PLANKING
CAFETERIA EQUIP, SUPPLIES
CARPENTER/CARPENTRY
CIVIL ENGINEERING SERVICES
CLASSROOM SUPPLIES
COMMUNICATIONS, TWO-WAY
RADIOS, SOUND SYSTEMS,
TELEPHONE EQUIP
COMPUTERS, HARDWARE, SERVICE,
SOFTWARE, SUPPLIES
COOLERS EQUIP, SUPPLIES
COPY MACHINES & FAX
ENGINEERING CONSULTANTS
ELECTRIC SUPPLIES & EQUIP
EXHAUST FANS & HOODS
EXTERMINATORS
FERTILIZER & SEED
FIRE ALARM SYSTEM
FIRE EXTINGUISHERS
FOOD SERVICE EQUIP, FOOD &
SUPPLIES
FURNITURE
GASOLINE/DIESEL FUEL
GENERAL CONTRACTORS

GROUND MAINTENANCE, EQUIP,
SERVICE, SUPPLIES
HEARING/SPEECH
HARDWARE, EQUIP, SUPPLIES,
SERVICE, TOOLS
HEALTH EQUIP, SUPPLIES
HEATING/COOLING EQUIP & SUPPLIES
INSURANCE, HEALTH, PROPERTY,
UNEMPLOYMENT, OTHER
JANITORIAL, CHEMICALS, EQUIP,
SUPPLIES
LANDSCAPE SUPPLIES
LEGAL COUNSEL
LIBRARY BOOKS (BOOK, SUPPLIES,
SOFTWARE)
LIGHTING EQUIP, SUPPLIES
MACHINE SHOP EQUIP & REPAIRS
METAL SUPPLIES
MODULAR BUILDINGS/ROOMS
MUSICAL INSTRUMENTS SUPPLIES
EQUIP & REPAIRS
NEWSPAPER
OCCUPATIONAL/PHYSICAL THERAPIST
OFFICE EQUIP, SUPPLIES
PAINTS & ACCESSORIES
PAPER PRODUCTS
PICTURES/PHOTOGRAPHY
PLASTIC SUPPLIES
PLUMBING EQUIP & SUPPLIES
POLLUTION CONTROL
REFRIGERATORS
REFUSE CONTAINERS
RENTALS EQUIP & TOOLS, OTHER
SAFETY EQUIP & SUPPLIES

SCIENTIFIC EQUIP & SUPPLIES
SECURITY ALARM SYSTEMS
SIGNS
SOLAR EQUIP & SUPPLIES
SPECIAL EDUCATION EQUIP
STAGE EQUIP & SUPPLIES
TESTING MATERIALS
TIMERS & CLOCKS
TIRES
TROPHIES & AWARDS
UNIFORMS & CLOTH PRODUCTS
UPHOLSTERY SERVICE
VACUUMS & SUPPLIES
VEHICLES
WATER PUMPS & TANKS
WATER TREATMENT OR TESTING
WEED CONTROL
WELDING EQUIP OR GASES
WHEELCHAIR LIFTS
OTHERS NOT LISTED – SPECIFY
