

☐ **NEW APPLICANT**
☐ **INFORMATION OR UPDATE CHANGE**

|                                              |                                                                                        |        |          |
|----------------------------------------------|----------------------------------------------------------------------------------------|--------|----------|
| LEGAL NAME OF ORGANIZATION/INDIVIDUAL:       | DOING BUSINESS AS/DBA (IF APPLICABLE):                                                 |        |          |
| ORDER ADDRESS:                               | CITY:                                                                                  | STATE: | ZIPCODE: |
| NAME OF CONTACT PERSON/OR REP:               | PHONE:                                                                                 |        |          |
| REMITTANCE ADDRESS (IF DIFFERENT FROM ABOVE) | CITY:                                                                                  | STATE: | ZIPCODE: |
| EMAIL ADDRESS: (PURCHASE ORDERS)             | EMAIL ADDRESS: (BIDS/PROPOSALS/QUOTES)                                                 |        |          |
| FEDERAL ID# OR SOCIAL SECURITY #:            | IS THIS VENDOR A 1099 VENDOR? <input type="checkbox"/> Yes <input type="checkbox"/> No |        |          |

 Does your company accept net 30 days payment term? ☐ Yes ☐ No

 Does your company accept purchase orders? ☐ Yes ☐ No

 Are You An Employee of the Agua Fria Union High School District? ☐ Yes ☐ No

 Are You A Relative of An Employee of the Agua Fria Union High School District? ☐ Yes ☐ No

 Are You on a Cooperative Contract? ☐ Yes ☐ No Cooperative Name: \_\_\_\_\_

If yes, Please explain: \_\_\_\_\_

**NOTE: Agua Fria Union High School District Policy requires YES for both 30 day net terms and the accepting of Purchase Orders.**

 Please provide a brief description of your company's products or services:

**I HEREBY CERTIFY THAT:**

- I am duly authorized to certify the information requested herein.
- To the best of my knowledge, the elements of the information provided herein are accurate and true as of this date.
- 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.
- Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by AFUHS to guarantee contractual awards or agreements to this organization.
- My organization shall comply with all terms and conditions of solicitation and contractual documents, regulations and laws, and policies and procedures set forth in the Uniform System of Financial Records (USFR) and in the Arizona State Procurement Code, as applicable to the type of procurement.
- My organization will not provide any product or service without first having in our possession an authorized AFUHS purchase order. No products or services will be provided based on a verbal promise of purchase order or with the submission of a requisition for purchase order. I understand that payment for any product or service provided without an authorized purchase order is not the responsibility of the District and that I will have to obtain payment from the individual requestor. My organization will direct all communication regarding AFUHS purchase orders to the AFUHS Purchasing Department, and not to the individual requesting department or school.**
- My organization will provide the purchase order number on all invoices submitted to AFUHS. I understand that invoices received without this information will be delayed in payment.
- All AFUHS invoices will be submitted directly to AFUHS Accounts Payable – accountspayable@aguafria.org and not the requesting department or school.**

 Arizona Transaction Privilege License Number (Sales Tax Number) 21170140

 If out-of-state vendor, do you charge sales tax? ☐ Yes ☐ No

Please attach with this Vendor Registration Application a completed W-9 form from your company and email to purchasing@aguafria.org

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VENDOR AGREEMENT

This Vendor Agreement ("Agreement") is entered into between \_\_\_\_\_ (the "District"), and \_\_\_\_\_ ("Vendor") to grant Vendor permission to sell its products or its services at \_\_\_\_\_ ["Event"]. The Agreement shall be effective on \_\_\_\_\_ and shall expire on \_\_\_\_\_.

As a vendor permitted to sell its products or services, Vendor agrees to the following conditions:

1. Vendor shall remain in compliance with applicable federal, state and local laws, ordinance and regulations. Vendor shall at all times comply with safety requirements and shall obtain necessary licensing, permits and insurance for the sale of products and services.
2. Vendor shall maintain its space and the area surrounding it in conformity with all applicable sanitary and health laws and regulations and shall also keep the space and the surrounding area neat, clean, and free of accumulated refuse and debris. District reserves the right the shut down any vendor not meeting cleanliness and safety codes and laws.
3. District reserves the right to relocate the Vendor at any time, even during the event.
4. Amplified sound is not permitted to come from the Vendor's space.
5. Garbage disposal may not available at the Event. Vendor shall remove garbage from the site at the end of the Event.
6. Vendor is an independent contractor and does not have the authority to represent itself as an agent or representative of District.
7. District is not responsible for any delay or failure to perform due to any circumstances.
8. District shall not be liable to the Vendor for consequential damages, including lost profit or no revenue.
9. Vendor agrees to allow the use of video and photography taken by District for promotional and other purposes, and such video and photograph are the property of District.
10. Vendor shall provide a certificate of liability insurance with minimum limits of \$1,000,000 naming the "\_\_\_\_\_ School District, its officers, employees, and agents" as an Additional Insured.
11. Vendor agrees to indemnify, defend and hold harmless District and its officers, employees and agents from any and all losses, damages, claims, liability, expenses or costs arising from any accident or occurrence causing injury or damage to any person or property (including vendor/users employees or property) relating or attributed to District's authorization for Vendor to sell or donate food product at the event. The Vendor's obligation to indemnify, defend and hold harmless as indicated above shall continue notwithstanding the expiration or revocation of the permission to sell its products or services.
12. This Agreement shall be construed under the laws of the State of Arizona and shall incorporate by reference all laws governing intergovernmental agreements and mandatory contract provisions of state agencies required by statute or executive order. All statutes and regulations referenced in this Agreement are incorporated herein as if fully stated in their entirety in the Agreement. Each Party agrees to comply with and be responsible for the provisions, the statutes, and the regulations set out in this Agreement.

Date: \_\_\_\_\_

\_\_\_\_\_  
School District  
Authorized Representative

\_\_\_\_\_  
Vendor Name:  
Authorized Representative

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                        | 2 Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
|                                                        | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) |                                         |
|                                                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br>(Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                        | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
|                                                        | 5 Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Requester's name and address (optional) |
|                                                        | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| 7 List account number(s) here (optional)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |                      |
|--------------------------------|----------------------|
| Social security number         |                      |
| <input type="text"/>           | <input type="text"/> |
| OR                             |                      |
| Employer identification number |                      |
| <input type="text"/>           | <input type="text"/> |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                          |                      |
|-----------|--------------------------|----------------------|
| Sign Here | Signature of U.S. person | Date                 |
|           | <input type="text"/>     | <input type="text"/> |

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they