

VENDOR REGISTRATION PACKET

Thank you for your interest in doing business with Kyrene School District #28

The Procurement Office maintains the District's vendor database for use by schools and departments when purchasing goods and services. To establish your organization as a vendor, please complete the enclosed Vendor Registration Packet and submit all required documents.

Registration as a vendor does not guarantee that your organization will receive a Purchase Order, contract, or other business from Kyrene School District. Vendors are selected in accordance with District policies, Arizona procurement laws, and the operational needs of the District.

Before You Begin

Please review the following important information before completing this packet.

- Vendor registration is required before a new vendor can be established in the District's financial system.
- No goods or services may be provided until an authorized Kyrene School District Purchase Order has been issued.
- Purchase Orders are valid only for the fiscal year and dates identified on the Purchase Order. Goods or services should not be provided outside the authorized Purchase Order period unless a new or amended Purchase Order has been issued.
- Vendors are responsible for notifying the District of any changes to their business name, mailing address, remittance address, contact information, tax information, or payment information.
- Vendors may also complete the optional Electronic Payment Enrollment Form to receive payments through the Commerce Bank Virtual Card Program.

Vendor Registration Packet Checklist:

- ☐ Vendor Registration Form
- ☐ IRS Form W-9
- ☐ Electronic Payment Enrollment Form (*Optional*)

Submit Completed Forms to ksdpurchasing@kyrene.org

Kyrene School District Procurement Office

Phone: 480-541-1364

Email: ksdpurchasing@kyrene.org

READY FOR THE FUTURE

Vendor Registration Form

☐ New Applicant

☐ Information Change

Organization/Individual Legal Name

Doing Business As (if applicable)

Federal ID # or SSN

Mailing Address

Address

City, State

ZIP/Postal Code

Remittance Address

Contact Name and Title

Email Address

Telephone Number

Email Address (Purchase Orders)

Email Address (Accounts Payable)

Note: Kyrene School District policy [requires yes for both](#) 30 day net terms and the accepting of Purchase Orders.

Does your company accept purchase orders?

☒ Yes

☐ No

Does your company accept net 30 days payment term?

☐ Yes

☒ No

Do you or a relative currently work with/for the Kyrene School District?

☐ Yes

☒ No

Are you a 1099 Vendor?

☐ Yes

☒ No

Are you on a cooperative contract?

☐ Yes ☒ No

Cooperative Agency Name

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

Out-of-state vendors: Sales tax?

☐

Yes

☒ No

Please submit a completed W-9 and your complete registration to ksdpurchasing@kyrene.org 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:

Authorized Name

Position

Authorized Signature

Date

Electronic Payment Enrollment (Optional)

Commerce Bank Virtual Card Payment Program

Completion of this form is optional. Vendors who wish to continue receiving payment by paper check are not required to complete this form.

Kyrene School District offers vendors the option to receive payments through the Commerce Bank Virtual Card Payment Program. Instead of receiving a paper check, approved payments are issued as a secure, onetime-use Visa virtual card.

How It Works

1. Kyrene School District approves your invoice for payment.
2. Commerce Bank sends a secure email to your designated Accounts Receivable contact.
3. The email includes invoice/remittance information and a secure link to a one-time-use Visa virtual card.
4. Your Accounts Receivable department processes the payment using your existing merchant account.
5. Funds are deposited according to your normal credit card processing schedule.
6. Once enrolled, Commerce Bank will work directly with your organization regarding payment processing preferences and future updates.

Enroll in the Commerce Bank Virtual Card Payment Program

Legal Vendor Name:

Accounts Receivable Contact:

Accounts Receivable Email:

Telephone Number:

Email Address for Virtual Card Payment Notifications:

Alternate Email Address (Optional):

Payment Acceptance

Do you elect to enroll in the Commerce Bank Virtual Card Payment Program? Yes ☐ No ☐

Is your business able/willing to accept Visa for payment? Yes ☐ No ☐

Merchant Information

Are there any fees, transaction limits, or restrictions we should be aware of when paying by Visa? Yes ☐ No ☐

If yes, please explain

Maximum dollar amount accepted per Visa transaction (if applicable):

Authorization

I certify that I am authorized to provide this information on behalf of my organization. I understand that, if my company elects to participate, Commerce Bank may contact us to complete the enrollment process and establish payment preferences.

Authorized Representative:

Title:

Signature:

Date:

**Request for Taxpayer
Identification Number and Certification**

Go to 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. 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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) 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. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (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 ☐	
	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											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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
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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.

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