Vendor Registration Form

Tolleson Elementary School District
9261 W Van Buren St, Tolleson, AZ 85353

Please complete ALL the form and provide your current W9

ORDER INFORMATION

LEGAL NAME OF ORGANIZATION / INDIVIDUAL	
ORDER MAILING ADDRESS	
ORDER MAILING ADDRESS 2	
ORDER CITY	
ORDER STATE	ORDER ZIP
ORDER PHONE NUMBER W/ EXT	ORDER FAX NUMBER
SALES CONTACT NAME	
SALES EMAIL ADDRESS	
EMAIL ADDRESS FOR **PURCHASE ORDERS**	
DO YOU REMIT ARIZONA STATE SALES TAX? ☐ YES ☐ NO	

NAME OF TOLLESON ELEM. STAFF WHOM YOU ARE CURRENTLY WORKING

DESCRIBE GOODS/SERVICES OFFERED

REMITTANCE INFORMATION

LEGAL NAME OF **PAYEE**	
REMIT MAILING ADDRESS	
REMIT MAILING ADDRESS 2	
REMIT CITY	
REMIT STATE	REMIT ZIP
REMIT PHONE NUMBER W/ EXT.	REMIT FAX NUMBER
REMIT CONTACT NAME	
REMIT EMAIL ADDRESS	
WEBSITE ADDRESS	
DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? ☐ YES ☐ NO	

1.) ARE YOU A TESD EMPLOYEE? ☐ YES ☐ NO **IF YES, EXPLAIN:**

2.) RELATIVE OF TESD EMPLOYEE? ☐ YES ☐ NO **IF YES, EXPLAIN:**

3.) MEMBER OR RELATIVE OF TESD GOVERNING BOARD? ☐ YES ☐ NO **IF YES, EXPLAIN:**

4.) ARE YOU PART OF A COOPERATIVE: ☐ YES ☐ NO

Select Cooperative: ○ 1GPA ○ MOHAVE ○ SAVE ○ GPPCS ○ STATE ○ OMNIA ○ SOURCEWELL

Provide Cooperative Award#: _____

VENDOR ACKNOWLEDGEMENTS BY SIGNING BELOW, I CERTIFY THAT:

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 applicable State statutes and Federal regulations that govern purchases from my company.
4. Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by Tolleson Elementary School District #17 (TESD) 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/service without first having in our possession an authorized TESD Purchase Order. No products/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/service provided without an authorized Purchase Order is not the responsibility of TESD and that I will have to obtain payment from the individual requestor.
7. My organization will direct all communication regarding TESD Purchase Orders to the TESD Purchasing Department.
8. My organization will provide the Purchase Order number on all invoices submitted to TESD. I understand that invoices received without this information will not be paid.
9. My organization will submit all invoices directly to TESD Accounts Payable (accounts.payable@tesd17.org) and not to the requesting department or school.
10. All goods/services must be received by June 30 of each fiscal year. I understand that it is my responsibility to follow up on payment of invoices within 30 days.
11. This form allows TESD to issue PO's and payment to you. It does not provide inclusion in TESD's Bid List. To be included in future bid opportunities, please register separately at www.azpurchasing.org

PRINTED NAME	TITLE
SIGNATURE	DATE