



Vendor Information Form

Procurement Department-15802 North Parkview Place, Surprise, AZ 85374

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FINANCE DEPARTMENT

ALL FIELDS MUST BE COMPLETED BY VENDOR IN ORDER TO BE VALID- PLEASE DO NOT WRITE "SAME"

LEGAL COMPANY NAME AS LISTED ON W9:

PLEASE LIST ALL DBA NAMES ASSOCIATED WITH PARENT COMPANY:

Are you or a family member a Dysart Employee? YES NO

ORDER INFORMATION:

REMITTANCE INFORMATION

NAME OF BUSINESS FOR PURCHASE ORDER: _____

NAME OF REPRESENTATIVE OR SALESMAN: _____

ADDRESS WHERE TO MAIL PURCHASE ORDERS: _____

Order Phone Number: _____

REQUIRED Purchase Order Fax Number: _____

Rep's Phone No: _____

Rep's email: _____

Customer service email: _____

PAYEE NAME FOR CHECK: _____

NAME AND TITLE OF FINANCE CONTACT: _____

ADDRESS WHERE TO MAIL REMITTANCE/CHECK: _____

Finance Contact Phone Number: _____

Finance Contact Email: _____

Is the above address a third party payment processing center?
 YES NO

Please list the name of the Dysart Staff that you are currently working with: _____

Please note that any information that changes on this form will require a new Vendor Information Form and W9 submitted to the District.

I certify that:

1. I am duly authorized to certify the information requested herein.
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 provided without 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 number 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 District Accounts Payable Department and not to the requesting school or department. Email invoices to: accounts.payable@dysart.org Accounts Payable Phone: 623.876.7974
8. All invoices must be received by June 30th of each fiscal year. It is the vendors responsibility to follow up on payment of invoices within 30 days.

Typed Name & Title/Position: _____

Signature: _____ Date: _____

Regulations require we have a copy of your W-9 on file. Please attach a copy of your W-9.