



VENDOR REGISTRATION FORM

PURCHASING DEPARTMENT

ORDER INFORMATION		PAYMENT INFORMATION	
LEGAL NAME OF ORGANIZATION / INDIVIDUAL		LEGAL NAME OF <u>PAYEE</u>	
ORDER MAILING ADDRESS		PAYMENT MAILING ADDRESS	
ORDER MAILING ADDRESS 2		PAYMENT MAILING ADDRESS 2	
ORDER CITY		PAYMENT CITY	
ORDER STATE	ORDER ZIP	PAYMENT STATE	PAYMENT ZIP
ORDER PHONE NUMBER W/ EXT	ORDER FAX NUMBER	PAYMENT PHONE NUMBER W/ EXT	PAYMENT FAX NUMBER
SALES CONTACT NAME		BILLING CONTACT NAME	
SALES EMAIL ADDRESS		BILLING EMAIL ADDRESS	
EMAIL ADDRESS FOR <u>PURCHASE ORDERS</u>		WEBSITE ADDRESS	
DO YOU REMIT ARIZONA STATE SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF DYSART STAFF WITH WHOM YOU ARE CURRENTLY WORKING:		ARE YOU A DUSD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: RELATIVE OF DUSD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: MEMBER OR RELATIVE OF DUSD GOVERNING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
DESCRIBE GOODS/SERVICES OFFERED:			

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 Dysart Unified School District (DUSD) 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 DUSD 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 DUSD and that I will have to obtain payment from the individual requestor.
7. My organization will direct all communication regarding DUSD Purchase Orders to the DUSD Purchasing Department.
8. My organization will provide the Purchase Order number on all invoices submitted to DUSD. I understand that invoices received without this information will not be paid.
9. My organization will submit all invoices directly to DUSD Accounts Payable (accounts.payable@dysart.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 DUSD to issue PO's and payment to you. It does not provide inclusion in DUSD's Bid List. To be included in future bid opportunities, please register separately at www.azpurchasing.org

PRINTED OR TYPED NAME	TITLE
SIGNATURE	DATE

Please return this Vendor Registration Form and a **current IRS W-9 Form** to:

Dysart Unified School District #89
Attn: Purchasing
15802 N Parkview Pl
Surprise AZ 85374

Email: purchasing@dysart.org
Fax: 623-876-7090

Questions? 623-876-7010

Revised 12/2019