



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 ALHAMBRA STAFF W/ WHOM YOU ARE CURRENTLY WORKING:		ARE YOU AN AESD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: RELATIVE OF AESD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: MEMBER OR RELATIVE OF AESD 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:

- 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 applicable State statutes and Federal regulations that govern purchases from my company.
- Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by Alhambra Elementary School District (AESD) to guarantee contractual awards or agreements to my organization.
- Updating information contained on this form is solely the duty of my organization.
- My organization will not provide any product/service without first having in our possession an authorized AESD 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 AESD and that I will have to obtain payment from the individual requestor.
- My organization will direct all communication regarding AESD Purchase Orders to the AESD Purchasing Department.
- My organization will provide the Purchase Order number on all invoices submitted to AESD. I understand that invoices received without this information will not be paid.
- My organization will submit all invoices directly to AESD Purchasing Dept (purchasingemail@alhambraesd.org) and not to the requesting department or school.
- 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.

PRINTED OR TYPED NAME	TITLE
SIGNATURE	DATE

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

Alhambra Elementary School District
 Attn: Purchasing
 4510 N. 37th Avenue
 Phoenix, AZ 85019

Email: purchasingemail@alhambraesd.org
 Fax: 602-336-2269

Questions? 602-336-2299 Ext. 2872

Revised 9/2023