



Vendor Registration Application
EAST VALLEY INSTITUTE OF TECHNOLOGY DISTRICT #401
Purchasing Department
1601 West Main Street
Mesa, AZ 85201
Fax 480.461.4089

Company Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Remittance Address: _____
Street or P.O. Box City State Zip Code

Business Phone: _____/_____ Fax: _____/_____

Contact Person(s): _____ Email: _____

Dun & Bradstreet Number: _____ Company Website: _____

We would like to be able to email the vendor copy of purchase orders to you.

What email address should we use to plan an order? _____

Does your company accept purchase orders? YES NO

Are you an EVIT employee? YES NO If yes, explain:

Relative of EVIT employee? YES NO If yes, explain:

Member or relative of EVIT Governing Board? YES NO If yes, explain:

Do you remit Arizona Sales Tax? YES NO

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 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;
4. I understand that it's our responsibility to advise the Purchasing Department in writing of any changes of information (i.e. Addresses, contacts, phone/FAX numbers, classification codes, etc.) On this form;
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 that 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 will not be paid;
7. All District invoices shall be submitted directly to the District Accounts Payable Department and not to the requesting school, department or individual;
8. Filing of Vendor Registration Application supplies information only and does not constitute an assumed obligation by East Valley Institute of Technology District No. 401 to guarantee contractual awards or agreements to my organization.

Individual's Signature

Date

Individual's Typed or Printed Name

Title/Position

Regulations require that we have a copy of your W9 on file. Please attach a copy of your W9 form.