**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Using the commodity list attached, please indicate the commodity number of the item(s) you wish to furnish the District. When the District releases a Bid and/or Proposal for the commodities you indicate, a notification will be sent to the company.

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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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.

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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.**