

VENDOR NUMBER _____
(to be filled in by District)

KINGMAN UNIFIED SCHOOL DISTRICT #20
Purchasing Department
3033 MacDonald Avenue
Kingman, AZ 86401

VENDOR REGISTRATION FORM

(Please type in forms and print or email to doder@kusd.org)

COMPANY NAME

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

FAX NUMBER

E-MAIL ADDRESS

COMPANY WEBSITE

NATURE OF BUSINESS

FEDERAL TAX ID#

OR SOCIAL SECURITY #

BID SALES REPRESENTATIVES:

OWNER(S):

DATE EST:

PLEASE LIST BELOW THE COMMODITY/SERVICE(S) ON WHICH YOU WISH TO BID:
(i.e. textbooks, office supplies, engineers/mechanical, furniture/outdoor, athletic/uniforms)

APPLICANT CERTIFICATION

I CERTIFY THAT:

I, as officer of this organization, am duly authorized to certify the information requested herein:

To the best of my knowledge, the information provided herein is accurate and true as of the submittal date; and

My organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with ARS Title 41, Chapter 9, Article 4.

Name:

Title:

Date:

Signature (if printed and mailed)