

Please complete the registration form and return it to:

SEDONA OAK-CREEK SCHOOL DISTRICT
Purchasing Department
221 Brewer road, Suite 100
Sedona, AZ 86336
Phone: (928) 204-6800 Fax: (928) 282-0232

VENDOR REGISTRATION APPLICATION

Name of Organization: _____

Federal Taxpayer I.D. No. _____ OR _____ Social Security No.

Mailing Address: _____

City _____ State _____ Zip Code _____

Internet Address: _____

Phone: _____ FAX: _____

Contact Person(s): _____ Position: _____

Remittance Address: _____

(if different from mailing)

City _____ State _____ Zip Code _____

Phone: _____ FAX: _____

Organization Structure:

Individual Corporation Non-Profit Agency Public Utility
 Partnership Government Political Sub-Div. Other: _____

Primary Business Type:

Authorized Distributor Consulting Manufacturer Surplus/Salvage Dealer
 Broker Factory Rep Retailer Health Care Provider
 Construction Jobber/Wholesaler Service Firm Other: _____

Please list the commodities-services you wish to provide the District. The information will be used to identify and/or notify potential vendors about applicable Requests for Quotations (RFQ), Invitations for Bid (IFB) and Requests for Proposal (RFP).

VENDOR REGISTRATION APPLICATION

I certify that:

1. My organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with Arizona Revised Statutes (ARS) Title 41, Chapter 9, Article 4.
2. I understand that if our organization does not respond to two (2) consecutive Invitations for Bid, Requests for Proposal, Requests for Quotation for any class code listed above, that our organization may be removed from the Vendor Registration List for those applicable classifications. Vendors are required to submit a written response to the District (i.e. NO BID, NO PROPOSAL or NO QUOTE) if you do not wish to submit an offer. Vendors may be reinstated for applicable classifications by submitting a written request to the Purchasing Department.
3. I understand that it is 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.

_____ Date

Individual's Signature

_____ Title/Position

Individual's Typed or Printed Name

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TO BE COMPLETED BY PURCHASING DEPARTMENT

Date form was received: _____ Buyer reviewed by: _____

Date entered: _____ Entered by: _____

FMS VENDOR NUMBER ASSIGNED: _____

Comments: _____
