

## VENDOR REGISTRATION FORM

### Vendor Information:

Company Name: \_\_\_\_\_

(Name that will be on the check)

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Organization Type: ☐ Corporation ☐ Non-Profit ☐ Proprietorship ☐ Partnership ☐ Other \_\_\_\_\_

Use Tax? ☐ Yes ☐ No

Is the company currently operating within a Cooperative or Consortium Contract? ☐ Yes ☐ No

If So, please list: \_\_\_\_\_

### Conflict of Interest:

Have you ever been employed by Casa Grande Union High School District? Yes No

If Applicable: Dates: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have a relative/relationship with an employee of Casa Grande Union High School District? ☐ Yes ☐ No

If Applicable: ☐ Spouse/Significant other ☐ Parent/Child ☐ Sibling ☐ Other: \_\_\_\_\_

Employee Name(s): \_\_\_\_\_

### Products/Services Provided:

Please note that the vendor will be charged any fee that is incurred by the District should a payment be returned/stopped due to a vendor providing incorrect information. It is the vendor's responsibility to update contact and payment information as necessary. No changes will be made to a vendor profile without it in the form of writing directly from the vendor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit to [kjdebold@cguhsd.org](mailto:kjdebold@cguhsd.org) along with an up to-date W-9 and any additional pertinent information.