

Paradise Valley Unified School District No. 69
15002 North 32nd Street
Phoenix, Arizona 85032

Paradise Valley
Unified School District
"Where individual excellence is our goal"

VENDOR REGISTRATION FORM

DATE: _____

Vendor Name: _____
Example: SMITH PLUMBING INC. Toll-Free Phone: (____) _____
OR Fax # for Orders: (____) _____
SMITH, JAMES L. Email for Orders: _____
DBA: _____ Contact Name: _____

Purchase Orders and Solicitations will be mailed to this address:

Address 1: _____

Example: 15002 N 32ND STREET

Address 2: _____

Example: SUITE 2

City: _____

State: _____

Zip Code: _____

Phone: (____) _____

Terms: _____

Mail payments to the address below:

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Substitute W-9 Request for Taxpayer Identification Number and Certification

The District must have a W-9 on file for every vendor. YOU WILL NOT BE REGISTERED WITHOUT W-9 INFORMATION.

Employer Identification Number: _____

9-digit number, no dashes

OR

Social Security Number: _____

9-digit number, no dashes

Business Status: _____

Federal Tax Name: _____

* If Social Security Number is used, you must fill in your Federal Tax Document name to complete the process.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provisions of this document other than certifications required to avoid backup withholding.

Signature _____

Date _____