



Wickenburg Unified School District #9

101 E. Coconino St.
Wickenburg, AZ 85390
928-668-5350

VENDOR REGISTRATION FORM

(Please complete form and email back to dbergman@wusd9.org)

Company Name: _____

(Please include all dba names under this Tax ID number)

Address: _____

City: _____

State: _____ Zip: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Check if Remit information is the same

Remit to Name: _____

Remit to Address: _____

Remit to City: _____

Remit to State: _____ Remit to Zip: _____

APPLICANT CERTIFICATION:

I CERTIFY THAT: I, as an 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: _____

Note: Submittal of the Vendor Registration Form shall not be construed as a contract with the district. Vendors shall only fulfill orders through a district purchase order signed by the WUSD #9 Executive Director of Business Services.

Please attach a copy of your W-9