

Vendor Information Form

Osborn School District

1226 W. Osborn Road, Phoenix, AZ 85013

Phone: 602-707-2000 Fax: 602-7072040

To Whom It May Concern:

Osborn School District orders everything with Purchase Orders. You must accept Purchase Orders in order to do business with us.

New Vendors and Current Vendors (updating information), Please complete the attached forms and return them to us with a W-9 so that we can add you to our vendor and/or bidders list. Make sure you *carefully read* and complete all pages.

It is important for you to identify a person or job title to whom purchase orders and/or solicitation notices should be directed to.

Thank you for doing business with the Osborn School District. If you have questions, please contact us by phone at 602-707-2000 or fax 602-707-2040.

Remember:

1. Complete Registration Form

2. Select categories for which

you wish to be considered

3. Return all pages by mail or email to [fstaron@osbornsd.org](mailto:fstaron@osbornsd.org),

**attention Purchasing**

4. Include a filled out W-9 Form

Vendor Information Form

Osborn School District

1226 W. Osborn Road, Phoenix, AZ 85013

Phone: 602-707-2000 Fax: 602-707-2040

Are you a New Vendor?  Yes  No, Updating Vendor Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or a family member currently employed with Osborn?  Yes  No

Have you ever been employed by Osborn?  No  Yes, When:\_\_\_\_\_\_\_\_\_\_

Is your company on a cooperative contract?  Yes  No

If yes, please list the co-op & contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your business: (please mark all that apply)

Certified Small Business  Native American Owned

LGBTQ+ Owned  Veteran Owned

Local (Phoenix Area)  Woman Business Enterprise

Minority Business Enterprise

We are not tax-exempt, is sales tax charged?  Yes  No

Do you require a 1099 tax form?  Yes  No

If yes, what type of 1099 form is needed?  1099 NEC  1099 MISC

Federal Tax ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  W-9 Form

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

individual/sole proprietor

corporation

partnership

other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a filled out W-9 form, the district must have one on file for every vendor. **You will not be registered without one.**

**Vendor Information**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Type of Services: *Please see the last pages.*

**Remittance** *(Payments)*

Same as Above?  Yes  No (*If No, please complete information below)*

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Purchase Orders** – *Please provide Fax and/or Email address where to send PO’s*

Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that *(PLEASE READ CAREFULLY)*:

1. I am duly authorized to certify the information requested on this form;
2. To the best of my knowledge, the elements of information provided herein are accurate and true as of this date;
3. My organization warrants that it and all proposed subcontractors are in compliance with Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees, and shall obtain statements from all subcontractors certifying compliance with this requirement and shall furnish the statements to the District upon request;
4. My organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with Federal Executive Order 11246, State Executive Order 75.5 or A.R.S.41-1461 through 1465;
5. My organization shall not provide any product or service without first having in our possession an authorized PURCHASE ORDER from the District. I understand that payment for any product or service without first having in our possession an authorized Purchase Order is NOT the responsibility of the District and I will be required to obtain payment from the individual requestor;
6. My organization shall provide the Purchase Order numbers on all invoices submitted to the District. I understand that invoices received without this information may not be paid;
7. All District invoices shall be submitted directly to the Districts Business Support Service Department - Accounts Payables and not the requesting school or department. Email to [accountspayable@osbornsd.org](mailto:accountspayable@osbornsd.org).
8. All Invoices must be received by June 30th of each fiscal year. It is the vendor’s responsibility to follow up on payment of invoices within 30 days.
9. It is understood that when notice of invitation for bid is received, we will respond with a proposal, or return the forms marked “No Bid at this Time”. Failure to respond to two successive solicitations for similar procurements may result in removal from the approved vendor list.
10. *I certified that I have carefully read all of the above and understand to the best of my ability:*

Signature of person completing the form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE ALL CATEGORIES THAT PERTAIN TO YOUR BUSINESS**

ABRASIVE MATERIALS

AIR CONDITIONING EQUIP & SUPPLIES

ART EQUIP & SUPPLIES

ABESTOS CONSULTANT ABATEMENT

ARCHITECT SERVICES

ATHLETIC EQUIP, SUPPLIES, UNIFORM

AUDIO VISUAL, EQUIP, REPAIRS, SUPPLIES

AUDITORS/ACCOUNTANTS

AUTOMOTIVE EQUIP, SUPPLIES

BLEACHERS & PLANKING

CAFETERIA EQUIP, SUPPLIES

CARPENTER/CARPENTRY

CIVIL ENGINEERING SERVICES

CLASSROOM SUPPLIES

COMMUNICATIONS, TWO-WAY RADIOS, SOUND SYSTEMS, TELEPHONE EQUIP

COMPUTERS, HARDWARE, SERVICE, SOFTWARE, SUPPLIES

COOLERS EQUIP, SUPPLIES

COPY MACHINES & FAX

ENGINEERING CONSULTANTS

ELECTRIC SUPPLIES & EQUIP

EXHAUST FANS & HOODS

EXTERMINATORS

FERTILIZER & SEED

FIRE ALARM SYSTEM

FIRE EXTINGUISHERS

FOOD SERVICE EQUIP, FOOD & SUPPLIES

FURNITURE

GASOLINE/DIESEL FUEL

GENERAL CONTRACTORS

GROUND MAINTENANCE, EQUIP, SERVICE, SUPPLIES

HEARING/SPEECH

HARDWARE, EQUIP, SUPPLIES, SERVICE, TOOLS

HEALTH EQUIP, SUPPLIES

HEATING/COOLING EQUIP & SUPPLIES

INSURANCE, HEALTH, PROPERTY, UNEMPLOYMENT, OTHER

JANITORIAL, CHEMICALS, EQUIP, SUPPLIES

LANDSCAPE SUPPLIES

LEGAL COUNSEL

LIBRARY BOOKS (BOOK, SUPPLIES, SOFTWARE)

LIGHTING EQUIP, SUPPPLIES

MACHINE SHOP EQUIP & REPAIRS

METAL SUPPLIES

MODULAR BIULDINGS/ROOMS

MUSICAL INSTRUMENTS SUPPLIES EQUIP & REPAIRS

NEWSPAPER

OCCUPATIONAL/PHYSICAL THERAPIST

OFFICE EQUIP, SUPPLIES

PAINTS & ACCESSORIES

PAPER PRODUCTS

PICTURES/PHOTOGRAPHY

PLASTIC SUPPLIES

PLUMBING EQUIP & SUPPLIES

POLLUTION CONTROL

REFRIGERATORS

REFUSE CONTAINERS

RENTALS EQUIP & TOOLS, OTHER

SAFETY EQUIP & SUPPPLIES

SCIENTIFIC EQUIP & SUPPLIES

SECURITY ALARM SYSTEMS

SIGNS

SOLAR EQUIP & SUPPLIES

SPECIAL EDUCATION EQUIP

STAGE EQUIP & SUPPLIES

TESTING MATERIALS

TIMERS & CLOCKS

TIRES

TROPHIES & AWARDS

UNIFORMS & CLOTH PRODUCTS

UPHOLSTERY SERVICE

VACUUMS & SUPPLIES

VEHICLES

WATER PUMPS & TANKS

WATER TREATMENT OR TESTING

WEED CONTROL

WELDING EQUIP OR GASES

WHEELCHAIR LIFTS

OTHERS NOT LISTED – SPECIFY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_