

## VENDOR INFORMATION REQUEST

Please provide all information that applies.

## COMPLETE AND RETURN BY

Mail: Queen Creek Unified School District #95

Attn: Purchasing Department, 20217 E Chandler Heights Rd, Queen Creek, AZ 85142

**Fax:** 480-987-7497

Email: ddoerzman@qcusd.org

**NEW VENDORS:** Please submit this form along with your W-9.

**EXISTING VENDORS:** Queen Creek Unified School District #95 has received your W-9, and now requires feedback on additional questions regarding the presence of your organization in the state of Arizona.

Please have your financial department complete the following so we can finalize your firms profile as a vendor for the Queen Creek Unified School District #95. For questions, contact Purchasing at (480) 987-5935.

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	NAME OF VENDOR:				
GENERAL	Federal Employer Identification #		or	Socia	al Security #:
VENDOR	Street Address:				
INFORMATION	City:	State:			Zip Code:
	Main Business Phone #:				
	Website:				viding Legal or ervices? ☐ No ☐ Yes
	Order Address:				
ORDERING INFORMATION	City:	Sta	State:		Zip Code:
	Vendor Order Phone #:		Order		Fax #:
	Vendor Order Email:				
	Remittance Address:				
	City:		State:		Zip Code:
ACCOUNTING INFORMATION	Accounts Receivable Phone #:		Accounts		Receivable Fax #:
	Accounting Email:				
SERVICES OR					
PRODUCTS					
PROVIDED					
USE TAX DETERMINATION INFORMATION	Do you have an Arizona Transaction Privilege Tax License?  No Yes (If Yes, #: )				
	Do you have a physical Arizona Location? No Yes				
	Do you have a local representative or local contract installer/contractor? No Yes				
	Do you lease equipment in Arizona? No Yes				
	Is this for software sales? No Yes				
	Is there a license agreement?   No Yes				
Conflict of Interest	Do you have a relative that works for the District?  No Yes				