

**PIMA UNIFIED SCHOOL DISTRICT #6
PURCHASING DEPARTMENT**

PO Box 429

Pima, AZ 85543

Phone: (928) 485-0529 ext. 322

Fax: (928) 485-2343

Vendor Registration Form

Company Name: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Services or Merchandise Offered:

The above information must be your best effort to include any information that would help the Purchasing Department in making your company one of our Registered Vendors to receive solicitations.

If all information above can be verified as being a proper representation of what your company can offer PUSD, we will file and refer to your company for bidding reasons.

You must return the W-9 with this application.

Office Use: Date Received: _____ Completed _____ or

Date rejected: _____ Date: Entered in System _____ By: _____