



Vendor Application

Return completed form to: purchasing@tempeschools.org
INCOMPLETE FORMS WILL NOT BE PROCESSED

TESD Purchasing Department
3205 S. Rural Road
Tempe, Arizona 85282
(480) 730-7380
Purchasing@tempeschools.org

General Vendor Information

Vendor Name:			
Federal Tax Identification#:	OR	Social Security #:	
Street Address:			
City:	State:	Zip Code:	
Phone Number:			
Website:			
My Business Enterprise Is: Minority (MBE) Woman Owned (WBE) Disabled Veteran Small Business			

Ordering Information

Contact Name #:	
Contact Phone #:	
Contact Email Address:	
Purchase Order Email:	
Tax rate:	Shipping Terms:

Accounting Information

Remittance Address:		
City:	State:	Zip Code:
Accounts Receivable Phone:		
Accounting Email:		

Determine Use Tax Information (We are not exempt)

Do you have an Arizona Transaction Privilege Tax License?	Number?
Do you have a physical Arizona location?	
Do you have a local representative or local installer/contractor?	
Do you lease equipment in AZ?	
Is this for Software sales?	
Is there a license agreement?	

Vendor Acknowledgments

Current TESD employee: **No** **Yes** If yes, explain: _____

Relative of a TESD employee/board member: **No** **Yes** If yes explain: _____

Within the past five years, has the vendor, any principal, owner, officer, major stockholder, or any person involved in the bidding, contracting, or leasing process been the subject of any of the following:

Is your firm under an investigation for a civil or criminal violation for any business-related conduct by any federal, state or local agency? **No** **Yes** If yes explain: _____

Has your firm received a federal, state, or local government suspension or debarment from the contracting process? **No** **Yes** If yes explain: _____

BY SIGNATURE BELOW, I CERTIFY THAT:

1. I am duly authorized to certify the information requested herein, and to the best of my knowledge, the elements of the information provided herein are accurate and true as of this date.
2. Filing of this Vendor Application Form supplies information only and does not constitute an assumed obligation by TESD to guarantee contractual awards or agreements to my organization.
3. Updating information contained on this form is solely the duty of my organization.
4. I read and will fully comply with the TESD Purchase Order Terms & Conditions found at <https://www.tempeschools.org/discover/contact-us/purchasing>
5. My organization will **NOT** provide any product or service without first having in our possession an authorized TESD Purchase Order. No products or services will be provided based on a verbal promise.
6. I understand that payment for any product or service provided without an authorized Purchase Order is NOT the responsibility of TESD and that I will have to obtain payment from the individual requester.
7. My organization will direct all communication regarding TESD Purchase Orders to the TESD Purchasing Office.
8. My organization will provide the Purchase Order Number on all invoices submitted to TESD with Net 30 payment terms. I understand that invoices received without this information will not be paid.
9. Completion of this form does not provide inclusion in the TESD Bidder's List for solicitations, and I understand that separate registration at <https://www.azpurchasing.org/> is required to be included in future bid/proposal opportunities

Signature:	Print Name:	Date

A current IRS Form W9 must be attached to this application

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

All vendors interested in conducting business with Tempe School District No. 3 (District) shall complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a contract resulting from this solicitation. All vendors shall comply with the conflict of interest rules as stated within the certification below and as prescribed by the State of Arizona.

If a vendor has a relationship with a District officer or employee or a relative (spouse, child, child's child, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a spouse) of a District official or employee, the vendor shall disclose the information required below.

CERTIFICATION: I hereby attest:

1. No District officer or employee has or relative has a substantial interest (as defined in Arizona Revised Statute 38-502) in vendor's company or is deriving personal financial gain from this contract.
2. Vendor hereby declares that it has not and will not offer any personal gift or benefit (payment, distribution, expenditure, advance, deposit or donation of monies, any intangible personal property or any kind of tangible personal or real property not including food or beverage or expenses or sponsorships relating to a special event or function to which District officers or employees are invited) to any District officer or employee.
3. Please note any exceptions below:

Vendor Name	Vendor Phone Number and Email Address
Conflict of Interest Disclosure	
Name of the District officer or employee and relative (if applicable) with whom there may be a potential conflict of interest.	
Relationship to District officer or employee	
Interest in vendor's company	
Other	

I certify that the information provided is true and correct to the best of my knowledge by my signature:

Vendor Authorized Representative

Date

Printed Name

District Use Only

<input type="checkbox"/>	Yes, named officer or employee was involved in the procurement process or decision.
<input type="checkbox"/>	No, named officer or employee was not involved in the procurement process or decision.
Signature:	
Title:	