



CHANDLER UNIFIED SCHOOL DISTRICT # 80

VENDOR REGISTRATION FORM

All fields with an asterisk * are required.

ORDER INFORMATION		PAYMENT INFORMATION	
LEGAL NAME OF ORGANIZATION/INDIVIDUAL *		LEGAL NAME OF PAYEE *	
STREET ADDRESS *		STREET ADDRESS *	
STREET ADDRESS 2		STREET ADDRESS 2	
CITY *		CITY *	
STATE *	ZIP *	STATE *	ZIP *
PHONE NUMBER W/ EXTENSION *	FAX NUMBER	PHONE NUMBER W/ EXTENSION	FAX NUMBER
CONTACT NAME		CONTACT NAME	
EMAIL ADDRESS FOR PURCHASE ORDERS *		EMAIL ADDRESS FOR ACCOUNTS RECEIVABLE	
DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? * <input type="checkbox"/> YES <input type="checkbox"/> NO		CONFLICT OF INTEREST DISCLOSURE * ARE YOU A CUSD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
DO YOU REMIT ARIZONA STATE SALES TAX? * <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A SPOUSE OR RELATIVE OF CUSD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
CUSD DOES NOT ALLOW FOR ACH PAYMENTS BUT DOES HAVE AN ELECTRONIC PAYMENT (E-PAY) PROGRAM. WOULD YOU BE INTERESTED IN LEARNING ABOUT E-PAY AS A PAYMENT OPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A MEMBER OR RELATIVE OF CUSD GOVERNING BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
VENDOR ACKNOWLEDGEMENTS - BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT:			
<ol style="list-style-type: none">I am duly authorized to certify the information requested herein.To the best of my knowledge, the elements of the information provided herein are accurate and true as of this date.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.Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by Chandler Unified School District (CUSD) to guarantee contractual awards or agreements to my organization.Updating information contained on this form is solely the duty of my organization.My organization will not provide any product or service without first having in our possession an authorized CUSD Purchase Order. No products or services will be provided based on a verbal promise of a Purchase Order or with the submission of a requisition for a Purchase Order. I understand that payment for any product or service provided without an authorized Purchase Order is not the responsibility of CUSD and that I will have to obtain payment from the individual requestor.My organization will direct all communication regarding CUSD Purchase Orders to the CUSD Purchasing Department.My organization will provide the Purchase Order number on all invoices submitted to CUSD. I understand that invoices received without this information will not be paid.My organization will submit all invoices directly to CUSD Accounts Payable AccountsPayable@cusd80.com or 1525 W. Frye Road Chandler, AZ 85225.Payments shall comply with the requirements of A.R.S. Titles 35-342 & 41, Net 30 days. Upon receipt and acceptance of goods or services, the vendor shall submit a complete and accurate invoice for payment from the District within thirty (30) days. The Purchase Order number must be referenced on the invoice.My organization will list the Purchase Order Number on the outside of each package or on the packing list. Packages without a Purchase Order number may be refused.The Registered Sex Offender Restriction: Pursuant to this order, the named vendor agrees by acceptance of this order that no employee of the vendor or a sub-contractor of the vendor, who has been adjudicated to be a registered sex offender, will perform work on District premises or equipment at any time when District students are, or are reasonable expected to be present. The vendor further agrees by acceptance of this order that violation of this condition shall be considered a material breach and may result in a cancellation of the order at the District's discretion.Fingerprinting- A fingerprint check shall be made in accordance with A.R.S 41-1750 and Public Law 92-544 of all contractors, subcontractors or vendors and their employees except those who are not likely to have direct unsupervised contact with students, as determined by the School District.			
PRINTED OR TYPED NAME*		TITLE*	
SIGNATURE *		DATE*	

NOTE: This form allows CUSD to issue Purchase Orders and payment to you. It does not provide inclusion in CUSD's Vendor Bid List. To be included in future bid opportunities you must register separately at <https://procurement.opengov.com/signup>.

INTERNAL USE ONLY:

Name of CUSD Employee Requesting Vendor: _____ Dept/School: _____

Description of goods/services that will be purchased: _____

Estimated amount to be spent: _____ Funding Source/Account Code: _____