



VENDOR REGISTRATION FORM

<https://www.tuhsd.org/purchasing>

ORDER INFORMATION		REMITTANCE ADDRESS INFORMATION	
LEGAL NAME OF ORGANIZATION / INDIVIDUAL		LEGAL NAME OF <u>PAYEE</u>	
ORDER MAILING ADDRESS		PAYMENT MAILING ADDRESS	
ORDER MAILING ADDRESS 2		PAYMENT MAILING ADDRESS 2	
ORDER CITY		PAYMENT CITY	
ORDER STATE	ORDER ZIP	PAYMENT STATE	PAYMENT ZIP
ORDER PHONE NUMBER W/ EXT	ORDER FAX NUMBER	PAYMENT PHONE NUMBER W/ EXT	PAYMENT FAX NUMBER
SALES CONTACT NAME		BILLING CONTACT NAME	
SALES EMAIL ADDRESS		BILLING EMAIL ADDRESS	
EMAIL ADDRESS FOR <u>PURCHASE ORDERS</u>		WEBSITE ADDRESS	
DO YOU REMIT ARIZONA STATE SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES YOUR COMPANY ACCEPT PURCHASE ORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TUHSD STAFF WITH WHOM YOU ARE CURRENTLY WORKING:		VENDOR CONFLICT OF INTEREST STATEMENT ARE YOU A TUHSD DISTRICT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ A RELATIVE OF A TUHSD DISTRICT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ A MEMBER OR RELATIVE OF DISTRICT GOVERNING <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____	
DESCRIBE GOODS/SERVICES OFFERED:			
VENDOR ACKNOWLEDGEMENTS BY SIGNING BELOW, I CERTIFY THAT: 1. I am duly authorized to certify the information requested herein. 2. To the best of my knowledge, the elements of the information provided herein are accurate and true as of this date. 3. My organization will comply with all applicable State statutes and Federal regulations that govern purchases from my company. 4. Filing of a Vendor Registration Application supplies information only and does not constitute an assumed obligation by Tolleson Union High School District (TUHSD) to guarantee contractual awards or agreements to my organization. 5. Updating information contained on this form is solely the duty of my organization. 6. My organization will not provide any product/service without first having in our possession an authorized TUHSD Purchase Order. No products/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/service provided without an authorized Purchase Order is not the responsibility of TUHSD and that I will have to obtain payment from the individual requestor. 7. My organization will direct all communication regarding TUHSD Purchase Orders to the TUHSD Purchasing Department. 8. My organization will provide the Purchase Order number on all invoices submitted to TUHSD I understand that invoices received without this information will not be paid. Email invoices to AP@tuhsd.org . 9. My organization will submit all invoices directly to TUHSD Accounts Payable and not to the requesting department or school. 10. All goods/services must be received by June 30 of each fiscal year. I understand that it is my responsibility to follow up on payment of invoices within 30 days. 11. This form allows TUHSD to issue PO's and payment to you. It does not provide inclusion in TUHSD Bid List. Register separately at https://tollesonuhsd.bonfirehub.com/portal/?tab=openOpportunities .			
PRINTED OR TYPED NAME		TITLE	
SIGNATURE		DATE	

Please return this Vendor Registration Form and a **current IRS W-9 (Click Here)** Form to:

Tolleson High School District #214
Attn: Purchasing
 9801 West Van Buren St.
 Tolleson AZ 85353

Email: vendorforms@tuhsd.org

Questions? 623-478-4000

Last Update 6/11/2025