

**SADDLE MOUNTAIN UNIFIED SCHOOL DISTRICT #90**

38201 W. Indian School Road \* Tonopah, AZ 85354

Office: (623) 474-5115 \* Fax: (623) 474-5190

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**VENDOR APPLICATION FORM**

Please provide the following information in order to conduct business transactions with the Saddle Mountain Unified School District. Please attach a copy of your W-9 form. IRS regulations require that we have a copy of your W-9 on file at the District.

**Ordering Information**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ **PO E-Mail (ordering)** \_\_\_\_\_

Website \_\_\_\_\_

Nature of Business \_\_\_\_\_

**Remittance Information (If different from above)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Do you currently have an agreement with any cooperative purchasing agencies? If so, please provide the contract number and contact information for the Agency(s).

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_ Acct \_\_\_\_\_

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_ Acct \_\_\_\_\_

Information provided by: \_\_\_\_\_ Position \_\_\_\_\_

*Saddle Mountain Unified School District is **NOT a tax-exempt organization** (with the exception of food for resale, library books, and some vehicle fuel.)*