

Benson Unified School District #9

360 S. Patagonia Street, Benson AZ 85602

Phone: (520) 720-6700

Fax (520) 720-6701

www.bensonsd.k12.az.us

VENDOR REGISTRATION APPLICATION - TYPE OR PRINT CLEARLY

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (_____) _____ FAX NUMBER: (_____) _____

E-MAIL ADDRESS: _____

NATURE OF BUSINESS: _____ DATE ESTABLISHED: _____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER*: _____

OR

SOCIAL SECURITY NUMBER: _____

BID SALES REPRESENTATIVE (S): _____

OWNER (S): _____

Please list the commodities for which you'd like to be placed on the vendor list:

APPLICANT CERTIFICATION:

I CERTIFY THAT:

I, as an officer of this organization, or per the attached letter of authorization, am duly authorized to certify the information requested herein:

To the best of my knowledge, the elements of information provided herein are accurate and true as of the submittal date; and

My organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with ARS Title 41 Chapter 9. Article 4.

Printed or Typed Name

Title

Signature

Date

*Please send form back to district Attn: Mary Merrill or email to:
marymerrill@bensonsd.k12.az.us*

**The Federal Employer's Identification number can be found on Federal Tax Forms*