



**HCR 01 Box 130
Tucson, Arizona 85736
(520) 822-1858 or fax (520) 822-1798
pcarano@avsd.org**

Vendor List Information

NAME OF ORGANIZATION:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

BUSINESS PHONE:

FAX:

EMAIL ADDRESS:

BUSINESS LICENSE NUMBER:

NATURE OF BUSINESS:

DATE ESTABLISHED:

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER OR:

SOCIAL SECURITY NUMBER:

BID SALES REPRESENTATIVE:

OWNER:

PLEASE LIST THE COMMODITIES FOR WHICH YOU WOULD LIKE TO BE PLACED ON THE
VENDOR LIST:

I CERTIFY THAT:

I, AS AN OFFICER OF THIS ORGANIZATION, AM DULY AUTHORIZED TO CERTIFY THE
INFORMATION REQUESTED HEREIN:

TO THE BEST OF MY KNOWLEDE, THE ELEMENTS OF INFORMATION PROVIDED ARE
ACCURATE AND TRUE AS OF THE SUBMITTAL DATE.

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 Type Name

Title

Signature

Date