

Whiteriver Unified School District
PURCHASING DEPARTMENT

PO Box 190
959 S Chief Avenue Street
Whiteriver, AZ 85941
(928) 338-4842
(928) 338-3952 Fax
Vendor Information Form

FIRM'S NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____
Cell: _____
WWW. _____

REPRESENTATIVE: _____

CATEGORY NUMBER AND DESCRIPTION:

The above information must be your best effort to include any information that would help the Purchasing Department in making your company one of our Registered Vendors to receive solicitations.

If all information above can be verified as being a proper representation of what your company can offer WUSD , we will file and refer to your company for bidding reasons.

You must return the W-9 with this application.

Office Use: Date Received: _____ Completed _____ or

Date rejected: _____ Date: Entered in System _____ By: _____