



Salome Consolidated Elementary School District #30

P.O. Box 339
38128 Saguario
Salome, AZ 85348
928-859-3339 Fax 928-859-3085

VENDOR/BIDDER LIST APPLICATION

Please mail or FAX the completed Vendor/Bidder List Application Form and W9 Form.

Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____ FAX: _____

E-Mail address: _____

Fed. ID#: _____

Date: ____/____/____

Company Line of Business (check all that apply)

- | | | | |
|--------------------------|------------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Architectural/engineering services | <input type="checkbox"/> | Insurance |
| <input type="checkbox"/> | Audio/Visual | <input type="checkbox"/> | Landscape Supplies |
| <input type="checkbox"/> | Auditing Services | <input type="checkbox"/> | Legal Services |
| <input type="checkbox"/> | Communications | <input type="checkbox"/> | Maintenance |
| <input type="checkbox"/> | Computers | <input type="checkbox"/> | Nurse Supplies |
| <input type="checkbox"/> | Contractors | <input type="checkbox"/> | Office Supplies |
| <input type="checkbox"/> | Construction | <input type="checkbox"/> | Paper Supplies |
| <input type="checkbox"/> | Consulting Services | <input type="checkbox"/> | Plumbing |
| <input type="checkbox"/> | Educational Materials/Software | <input type="checkbox"/> | Security Systems |
| <input type="checkbox"/> | Electrical | <input type="checkbox"/> | Student Insurance |
| <input type="checkbox"/> | Fire Alarm/Equipment | <input type="checkbox"/> | Telephone/Intercom |
| <input type="checkbox"/> | Furniture | <input type="checkbox"/> | Textbooks |
| <input type="checkbox"/> | Food Services | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | General School Supplies | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | HVAC | | _____ |
| <input type="checkbox"/> | Janitorial | | _____ |

Please provide a brief description of the products and/or services provided by your company: _____

Please include Form W-9 Request for Taxpayer Identification Number and Certification.