

ORCHARD FARM SCHOOL DISTRICT

PURCHASING DEPARTMENT

VENDOR REGISTRATION FORM

Date: _____

Company Name: _____

Address to which bid requests are to be mailed:

Street / PO Box: _____
City, State, Zip+4: _____
Contact Person: _____
Contact's Title: _____
Email Address: _____
Web Site Address: _____
Telephone: _____
Fax: _____

Address to which purchase orders are to be mailed:

Street / PO Box: _____
City, State, Zip+4: _____
Contact Person: _____
Contact's Title: _____
Email Address: _____
Web Site Address: _____
Telephone: _____
Fax: _____

Remittance address:

Street / PO Box: _____
City, State, Zip+4: _____
Contact Person: _____
Contact's Title: _____
Email Address: _____
Web Site Address: _____
Telephone: _____
Fax: _____

Contact Person(s):

Sales / Bids:	Telephone () _____	Extension _____
	Email _____	
Parts:	Telephone () _____	Extension _____
	Email _____	
Service:	Telephone () _____	Extension _____
	Email _____	
Billing:	Telephone () _____	Extension _____
	Email _____	

Before signing the form, the authorized representative should verify the entire form and confirm that all sections are completed accurately before submitting to the District. Your signature represents that the form is accurate.

Authorized Representative:

Printed Name: _____ Title: _____

Signature: _____

Date: _____

Note: The attached Vendor Registration Category List and Qualification Statement must be completed and accompany the Vendor Registration Form in order to be included on the Official District Bid List.