

ELOY ELEMENTARY SCHOOL DISTRICT
1011 N. SUNSHINE BLVD
ELOY, AZ 85131
Attn: ANGELA SAUCEDA
Email: acctspayable@eloyesd.org

PHONE (520) 466-2100
FAX (520) 466-2101

VENDOR INFORMATION SHEET

Please complete this form ASAP

(We require all new vendors to complete this form and return it to us prior to purchase authorization.)

Business name (or individual) _____

Check appropriate type of business:

- ☐ Individual/Sole proprietor
- ☐ Corporation.
- ☐ Partnership
- ☐ Other _____

**Social Security Number or
Federal Employee Identification Number** _____

Type of Service _____
(example: electrician, consultant, supplies parts)

Do you collect sales tax for the State of Arizona? Yes or No

Telephone _____ **Fax** _____

Email address _____

What email address would we send Purchase Orders to for processing? _____

Physical Address (street) _____

(City, State, Zip) _____

Remit or Order address (street) _____

(City, State, Zip) _____

Please read before signing:

A Purchase order is our promise to pay. We will not be responsible for any orders placed prior to a Purchase Order number being assigned. No invoice will be paid prior to items being received or service completed. To avoid delays in payment please include the PO number on all invoices and shipping labels. PARTIAL ORDERS WILL NOT BE PAID UNTIL ORDER IS COMPLETE.

Name of person completing form (printed) _____

Signature _____

Title/Position: _____ **Date** _____