



**Central  
Arizona  
College**

Purchasing Department  
8470 N Overfield Rd  
Coolidge AZ 85128-9030  
Phone: 520-494-5053

**College Use Only**

Vendor #: \_\_\_\_\_  
 W-9: Yes  No   
 1099: Yes  No

VENDOR CONTACT INFORMATION		
Company Name:		
DBA:		
Contact Person:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Email (where POs should be sent):		
Website:		

VENDOR REMITTANCE INFORMATION		
Company Name:		
Contact Person:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Email (Billing correspondence):		
Payment Preference: Check <input type="checkbox"/> ACH <input type="checkbox"/> EFT <input type="checkbox"/>		

VENDOR BANKING INFORMATION FOR ELECTRONIC PAYMENTS		
Name of Bank:		
Bank Account #:	Bank Routing #:	
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

**ALL VENDORS ARE REQUIRED TO SUBMIT A W-9 FORM**

Foreign persons who are non-residents for US Tax purposes do not complete a W-9. You will need to complete IRS Form W-8. Instructions for completing a W-9 form and W-8 forms are available at <http://www.irs.gov>

- Does your company collect Arizona Sales Tax? Yes  No
- If you are an out of state vendor, does your company have nexus with the State of Arizona? Yes  No

If you answered "yes" to either question, please provide the following information:

Arizona Sales Tax # (Transaction Privilege Tax #): \_\_\_\_\_

Sales or Use Tax rate charged: \_\_\_\_\_ %

- To the best of your knowledge, are you or anyone at your organization related to a staff/faculty member at Central Arizona College? Yes  No

If you answered "yes", please provide college employee name and relationship to employee.

Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_