



BULLHEAD CITY ELEMENTARY SCHOOL DISTRICT #15
PURCHASING DEPARTMENT
1004 Hancock Rd
Bullhead City, AZ 86442
928-704-5731
928-704-5749 Fax
Vendor Information Form

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

CELL: _____

REPRESENTATIVE: _____

SERVICES OR MERCHANDISE OFFERED:

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 BCESD, 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: _____