



## Vendor Registration Form

<b>Firm Name:</b> _____
<b>Address:</b> _____ Street Address City State Zip
<b>Phone:</b> _____ <b>Fax:</b> _____
<b>Printed Name of Authorized Representative:</b> _____
<b>Title of Authorized Representative:</b> _____
<b>Signature:</b> _____
<b>Email:</b> _____ <b>Website:</b> _____
<b>DIR Registration Number (if applicable):</b> _____

**Specify if your business is:**

1. <b>Small Business Enterprise (SBE)</b>	Yes [ ] No [ ]
2. <b>Women Owned Business Enterprise (WBE)</b>	Yes [ ] No [ ]
3. <b>Minority Owned Business Enterprise (MBE)</b>	Yes [ ] No [ ]
4. <b>Disabled Veteran Business Enterprise (DVBE)</b>	Yes [ ] No [ ]
5. <b>Disadvantaged Business Enterprise (DBE)</b>	Yes [ ] No [ ]

*Note: If yes, please submit a copy of certification with this application. The criteria for Business Enterprises are available on the following pages.*

**Type of Product(s) & Service(s) Offered:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you service what you sell?** Yes [ ] No [ ]

**If no, who does?** \_\_\_\_\_

**What other brands do you service?** \_\_\_\_\_

**What are shipping terms?** FOB Destination [ ] FOB Shipping Point [ ]

**Payment Terms** \_\_\_\_\_ **How Long in Business?** \_\_\_\_\_

**Please attach your references including any schools/colleges, districts or government entities with whom you do business. Include the name, address, phone number and a contact person.**

If additional space is needed, attachments may be included with your form submission. Return completed application form to Purchasing Services via email to [Purchasing@rscsd.edu](mailto:Purchasing@rscsd.edu).