



**A completed W-9 form must be submitted with this application**

# VENDOR REGISTRATION APPLICATION

Salida Union School District 4801 Sisk Road Salida CA 95368

Fax (209) 543-0828 \*Email: [VENDORSBIDS@salida.k12.ca.us](mailto:VENDORSBIDS@salida.k12.ca.us)

Name of Company:

Mailing Address:

City/State/Zip:

Phone:  Fax:  Website:

Contact's Name:

Phone:  Email:

Briefly describe the services/products you provide:

Do you accept purchase orders? Yes No

Do you have on-line ordering? Yes No

Do you have State Contracted Pricing/Piggybackable Bids? Yes No

If yes, which ones?

Do you offer discounts? Yes No

If yes, please describe:

Name:  Title:  Date: