

**Mohave Community College – Business Office**  
1971 Jagerson Ave  
Kingman, AZ 86409

**VENDOR REGISTRATION FORM**

(Please type in forms and print or email to [cvanvleet@mohave.edu](mailto:cvanvleet@mohave.edu))

- **Completed W9 form must accompany this to become an approved vendor**
- **Proof of any required licensing, bonding, insurability or other industry requirements must accompany this form to become an approved vendor**

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

\*E-MAIL ADDRESS \_\_\_\_\_

COMMODITY/SERVICE(S)  
PROVIDED \_\_\_\_\_

FEDERAL TAX ID#: \_\_\_\_\_ or SOCIAL SECURITY #: \_\_\_\_\_

OWNERS(S): \_\_\_\_\_ DATE EST. \_\_\_\_\_

**Remittance Address if Different From Above:**

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CONTACT \_\_\_\_\_

\*required if vendor wishes to participate in submitting quotes or bids to the College

**I CERTIFY THAT:**

I, as officer of this organization, am duly authorized to certify the information requested herein: To the best of my knowledge, the information provided herein is accurate and true as of the submittal date; and my organization shall comply with all State and Federal equal opportunity and non-discrimination requirements and conditions of employment in accordance with ARS Title 41, Chapter 9, Article 4. I also acknowledge that I have read and understand the vendor agreement posted at XXXXX and agree to abide by said agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_