



## VENDOR APPLICATION

**Return application to:** Sacramento City Unified School District  
Purchasing Services  
5735 47<sup>th</sup> Ave  
Sacramento, CA 95824  
Fax (916) 399-2021  
Email: [purchasing@scusd.edu](mailto:purchasing@scusd.edu)

Legal Business Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Customer Service Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address to send Purchase Orders: \_\_\_\_\_

Federal Tax ID or SS Number: \_\_\_\_\_

(Attach completed W9 form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

Payment Terms: \_\_\_\_\_

Commodity/Service Type(s): \_\_\_\_\_

SCUSD is governed by district policies and California state and federal regulations.

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

Office Use Only	
Entered by: _____	Date: _____
Vendor Number: _____	