



Supplier Application/Update Form

Purchasing Department
4212 Eucalyptus Avenue Bldg. 7
Las Vegas, NV 89121
Telephone: (702) 799-5225 Fax: (702) 799-5018

Main or Corporate Business Name & Address (as it appears on W-9):

Name:
Address:
City: State: Zip:
Telephone: Fax:
Contact Email Address:
Please use an email address that multiple staff members can access

Federal Tax ID Number:

Have you ever received or are you currently receiving PERS (Public Employees' Retirement System of Nevada) benefits?
Check here if you are a designated NV Emerging Small Business
SAP Business Network is required for PO and invoice processing
Please provide ANID number if already transacting on SAP Business Network:
Are you an integrated Supplier?

Website Address:
Contact Person:

Business Status (check all that apply):

Minority Owned (51% or more owned & managed by minority) - MBE
African American Asian/Asian-Pacific American
Hispanic American Native American Not Applicable
Physically Challenged Owned (51% or more owned & managed by disabled) PBE
Veteran Owned (51% or more owned & managed by veteran) VBE
Women Owned (51% or more owned & managed by women) WBE
Is your above status: Self-Certified Agency Certified

Local address - If Different From Main address:

Name:
Address:
City:
State: Zip:
Telephone: Fax:
Email Address:
Website Address:
Contact Person:

Certifying Agency:
Certification Number: Exp. Date:

Do you have a NV State Business License?
NV Business ID # Exp. Date:

Remit To (exactly as shown on invoice):

Name:
Address:
City:
State: Zip:
Telephone: Fax:
Contact Person:

Local Physical Presence (building location):

Clark County, NV Other county in NV No building in NV
Type of Building (skip if not located in Nevada):
Corporate Headquarters Sales/Retail Outlet
Office Warehouse Residence
Other:

Terms & Conditions:

Do you agree to CCSD's PO Terms & Conditions?
Do you agree to CCSD's Federal 2CFR200 Terms & Conditions?

Employees: How many Nevada Residents do you employ?
How many Clark County Residents do you employ?
How many non-Nevada Residents do you employ?
Total Number of Employees:

BY SIGNING THIS FORM, YOU ARE CERTIFYING THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. The completed form, when signed, constitutes a self-certification as to size, minority, and/or women owned status.

Name of Person Authorized to Sign (Please Print):
Signature:
Title:
Date:

Purchasing Internal Use Only

Buyer Initials: Date Received from Supplier: Date Entered in Master Data:
Supplier Maintenance Initials: Admin. Approval for Exceptions