



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: _____
PO Email address: _____

Please use an email address that multiple staff members can access

Website Address: _____

Contact Person: _____

Local, dba, and/or ordering address – If Different From Main address:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____ Fax: _____

Email Address: _____

Website Address: _____

Contact Person: _____

Remit To (exactly as shown on invoice):

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

Terms & Conditions:

Do you agree to CCSD's PO Terms & Conditions? ☐ Yes ☐ No

Do you agree to CCSD's Federal 2CFR200 Terms & Conditions? ☐ Yes ☐ No

Federal Tax ID Number:

Have you ever received or are you currently receiving PERS (Public Employees' Retirement System of Nevada) benefits? Yes ☐ No ☐

Check here if you are a designated NV Emerging Small Business ☐ Yes

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? ☐ Yes ☐ No

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

Certifying Agency: _____

Certification Number: _____ Exp. Date: _____

Do you have a NV State Business License? ☐ Yes ☐ No

NV Business ID # _____ Exp. Date: _____

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: _____

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): _____

Title: _____

Signature: _____ Date: _____

Purchasing Internal Use Only

Buyer Initials: _____ Date Received from Supplier: _____ Date Entered in Master Data: _____

Supplier Maintenance Initials: _____ Admin. Approval for Exceptions _____