

**Union Public Schools**

Independent School District No. 9

8506 E 61st Street

Tulsa, OK 74133-1926

**Return this form to:**

Requesting Site/Department

or [union.purchasing@unionps.org](mailto:union.purchasing@unionps.org)

fax: 918.357.6188

**SUPPLIER APPLICATION** NEW UPDATE**Questions:****918.357.6167****Complete, sign, and return this form along with a completed and signed copy of your IRS Form W-9.**

Name (as shown on your income tax return) \_\_\_\_\_

Business Name/disregarded entity name (If different from above) \_\_\_\_\_

Address (number, street, and apt, or suite no.) \_\_\_\_\_

City, state, and ZIP code \_\_\_\_\_

Business Website \_\_\_\_\_  
WWW. \_\_\_\_\_

**Taxpayer Identification Number (TIN)**

Social security number

The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Employer identification number

**Supplier Questionnaire**

1. Under what former name(s) has your business operated under during the past seven (7) years? \_\_\_\_\_

2. Have you or your business been listed as a party excluded from Federal Procurement and/or non-procurement programs, an "Excluded Party," within the past three (3) years? NO YES

3. Are you or any principal or partner of this business a current employee of Union Public Schools or a relative of any employee or Union Board of Education member? NO YES  
If YES, please specify relative's name and relationship: \_\_\_\_\_

4. Are you currently an active or retired member of the OK Teachers Retirement System (TRS)? NO YES  
If YES, list school district (or entity) where you joined TRS: \_\_\_\_\_

5. If you are an Independent Contractor, please list two entities for whom you provide similar services: \_\_\_\_\_

6. Is your business a certified Minority Business Enterprise in the State of Oklahoma? NO YES

7. Does your business accept purchase orders? [Union Terms & Conditions](#) NO YES

**Purchase Order Contact Information****Remittance Information**

Contact Name for Orders	Phone #	Name to be printed on check	Phone #
Mailing Address (number, street, and apt, or suite no.)		Remittance Mailing Address	
City, State, and ZIP code		City, State, and ZIP code	
Email address to send purchase order	Fax #	Accounts Receivable Contact Name/email address	Fax #

**Bid Contact Information**

Contact Name for Bids \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_ Fax # \_\_\_\_\_

Do you want to be added to our bid list? Provide NIGP Commodity Codes for your line of business, and furnish a description of the goods and services your company provides. YES

**Compliance and Agreement**

By signing this supplier application form, you hereby agree to comply with the provisions of Title 70 O.S. §6-101.48 of the Oklahoma Statute incorporated herein by reference, which states that the supplier will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Ripley Violent Crime Offenders Act. The terms and conditions on the front and reverse of the purchase order shall constitute the sole and exclusive terms and conditions between Union Public Schools and the seller. Demand for payment must be submitted on an itemized invoice to the Union Accounts Payable Department, 8506 E 61st St., Tulsa, OK, 74133. Email to [accts.payable@unionps.org](mailto:accts.payable@unionps.org) or fax to 918.357.6066.

*I certify that all information provided is true and correct.*

Signature

Title

Date

**You are responsible for notifying Union Public Schools about changes in the above information.**