

## Capistrano Unified School District Vendor Information Form

**Contracts & Purchasing** 

June 2024

In order to process any type of payment and issue a purchase order, your organization or company information must be added or verified in our system. Please complete this Vendor Information form and return promptly via email to Barbara at baumana@capousd.org. If further assistance is needed, please contact us at (949) 234-9441.

PLEASE PRINT OR TYPE Company/Organization Name:	
Other Names(s) Organization is "Doing Business As"	′(DBA):
Company/Organization service or commodity:	
Company/Organization Primary Telephone Number	:
Company/Organization Fax Number:	
Does your company/organization accept Purchase (	Orders?
Email address for Purchase Orders:	
Contact email address:	
No:ling Address	Downit Address (if tiff and form will and the sale
Mailing Address Address:	Remit Address (if different from mailing address)  Address:
C'1 /51 -1 - /7' -	Cit (6) 44 (7)
City/State/Zip:	City/State/Zip:
Attention To:	Attention To:
Email:	
Accounts Receivable Primary Telephone Number: _	
Accounts Receivable Primary Contact Name:	
Title:	Email:
Is your Company a Corporation? (If other, please sp	pecify):
Provide One of the Following: Federal Tax I.D.: Employer I.D.:	
If entity is a sole proprietor/individual, then please	provide:
Social Security No.:Name (as it appears on SS ID card):	
*** W-9 FORM MUST ACCOM	IPANY THIS VENDOR INFORMATION FORM ***
· · · · · · · · · · · · · · · · · · ·	de 1725.5 & 1771.1), contractors and subcontractors intending to bid dated to annually register with the Department of Industrial Relations
Contractor DIR Registration No.:	
	Expiration Date:
Contractor License Type(s):	