



PLEASE TYPE

### Vendor Application Form

INCOMPLETE OR INCORRECT FORMS WILL NOT BE PROCESSED BY THE PURCHASING DEPARTMENT. SUBMISSION OF THIS FORM DOES NOT CONSTITUTE APPROVAL OF YOUR COMPANY AS A VENDOR, NOR DOES IT OBLIGATE OUR DEPARTMENT TO SOLICIT REQUESTS FOR QUOTATIONS.

COMPANY NAME		APPLICATION DATE	
ADDRESS		CITY	STATE
ZIPCODE	PHONE NUMBER	FAX NUMBER	
OUR MAIN FORM OF PAYMENT IS PURCHASE ORDER, TERMS: NET 30		WEB SITE	
DO YOU ACCEPT PURCHASE ORDERS? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____	
DO YOU ACCEPT OPEN PURCHASE ORDERS? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE AN ON-LINE SYSTEM FOR PLACING ORDERS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTACT PERSON & TITLE	E-MAIL ADDRESS
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THIS COMPANY IS A  DIVISION  SUBSIDIARY  AFFILIATE  CORPORATION  
 SOLE PROPRIETOR  
 OTHER \_\_\_\_\_

YEAR BUSINESS ESTABLISHED \_\_\_\_\_ DO YOU WORK WITH STATE CONTRACTS? YES  NO

BILLING ADDRESS	CITY	STATE	ZIP
FEDERAL EMPLOYER IDENTIFICATION #		SOCIAL SECURITY #	

**WE OFFER BIDS AND QUOTATIONS ON THE FOLLOWING COMMODITIES OR SERVICES:**

AUDIO/VISUAL EQUIPMENT     CONSTRUCTION     OFFICE SUPPLIES     REPAIR SERVICES

BOOKS     COPIERS     PAPER PRODUCTS     SPECIAL EDUCATION EQUIPMENT

COMPUTERS     INK CARTRIDGES     PRINTING SERVICES     OTHER \_\_\_\_\_

HAVE YOU EVER SUPPLIED PRODUCT/SERVICES TO ANY OF THE ORANGE COUNTY SCHOOL DISTRICTS? YES  NO

IF YOUR ANSWER IS YES, PLEASE SPECIFY WHICH SCHOOL DISTRICTS.

\_\_\_\_\_

<p><b>RETURN POLICY</b></p> <p>DO YOU HAVE RESTOCKING FEES FOR RETURNS?  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>DO YOU ACCEPT RETURNS AFTER 30 DAYS?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p> <hr/> <p><b>MINIMUM ORDER REQUIREMENT</b></p> <p>IS THERE A MINIMUM ORDER AMOUNT FOR ACCEPTING PURCHASE ORDERS?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p>	<p><b>SHIPPING</b></p> <p>DO YOU OFFER FREE SHIPPING?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p> <p>IS THERE A MINIMUM ORDER AMOUNT FOR GETTING NEXT DAY DELIVERY?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p> <p>ARE THERE ADDITIONAL SHIPPING CHARGES FOR RUSH ORDERS?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p> <p>IS TRACKING PROVIDED FOR ORDERS?   YES <input type="checkbox"/>   NO <input type="checkbox"/></p>
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**PLEASE ATTACH A LETTER OF INTRODUCTION TELLING US ABOUT YOUR COMPANY AND PROVIDE US WITH THREE (3) REFERENCES YOU HAVE DONE BUSINESS WITH IN SOUTHERN CALIFORNIA.**

**REFERENCE # 1**

NAME	PHONE NUMBER	E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP

**REFERENCE # 2**

NAME	PHONE NUMBER	E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP

**REFERENCE # 3**

NAME	PHONE NUMBER	E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP

**SUBMIT COMPLETED FORM TO:**

**OCDEPurchasing@ocde.us**