

# MOHAVE VALLEY IRRIGATION & DRAINAGE DISTRICT

1460 Commercial Street  
 Mohave Valley, Arizona 86440  
 Phone: (928) 768-3325 • Fax: (928) 768-5239  
 Email: [office@mvidd.net](mailto:office@mvidd.net) • Website: [MVIDD.net](http://MVIDD.net)

<b>VENDOR APPLICATION</b>	Type of Application: <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION	Date:
<i>Please provide all information requested on this application form. Please insert "N/A" for items not applicable:</i>		
COMPANY/FIRM NAME (as shown on W9):	CONTACT PERSON/TITLE:	
BUSINESS NAME, (dba Doing Business As) IF APPLICABLE:		
PHYSICAL ADDRESS, CITY, STATE, ZIP CODE:		
MAILING ADDRESS, CITY, STATE, ZIP CODE:		
PAYMENT REMITTANCE ADDRESS, CITY, STATE, ZIP CODE (if different from mailing address):		
TELEPHONE:	FACSIMILE:	WEBSITE:
		E-MAIL:
FEDERAL TAX ID #:		
<i>NOTE: An original Federal W-9 form must be returned with this application. The W-9 Form can be found at <a href="http://www.irs.gov">www.irs.gov</a>.</i>		
TYPE OF ORGANIZATION:		
<input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, incorporated in the State of _____		
INDIVIDUAL(S) AUTHORIZED TO CONTRACTUALLY BIND THE COMPANY OR FIRM (PLEASE INDICATE IF AGENT):		
NAME:	TITLE:	TELEPHONE:
NAME:	TITLE:	TELEPHONE:
<b><i>I hereby certify that the above information is true and correct to the best of my knowledge. I understand that the submission of false or inaccurate information may result in rejection or deletion of application.</i></b>		
Officer's Signature:	Printed Name:	
Title:	Date:	