



## Welcome - Step 1 of 6

To complete your registration, please fill in the information for each step of the registration process. Use the navigation buttons "Next" and "Previous" to move between steps.

Note: You will be required to upload an electronic copy of you W9 form during this process. If you do not have a letter-sized electronic copy (jpg, bmp, pdf, etc.), please obtain one before starting this process.

Once you have provided all the required information, proceed to the "Submit" step where you may submit your registration for consideration. You will receive an email confirmation shortly after submittal.

If you have any questions or feedback on the registration process, please call or contact:  
Maricopa County Community College Purchasing Department  
2411 West 14th Street  
Tempe, AZ 85281-6942  
URL: <http://www.maricopa.edu/purchasing>  
Voice: (480) 731 - 8520  
Fax: (480) 731 - 8190

**Step 1 of 6:**  
**Welcome:**  
Read and click  
the Next button

---

\* Required field

← Previous   Next →

Identifying Information - Step 2 of 6

Previous Next

**Unique ID & Company Profile** ?

Arizona Sales Tax ID

\* SSN /Tax Identification Number

\* Entity Name  \* Please attach your W9  
Add Attachment

Additional Name

http://URL  Open URL

**Profile Questions** ?

\* What type of organization do you represent?

Look Up List

Question ID  ORG TYPE

List Line Number

List Item

Basic Lookup

Search Results

View 100 First 1-9 of 9 Last

List Line Number	List Item
1	Corporation
2	Sole Proprietor
3	Foreign Sole Proprietor
4	Partnership
5	Estate
6	Government Agency
7	Foreign Corporation
8	Non-profit organization
9	LLC

**Unique ID & Company:**

**Profile Step 2 of 6:** Does your company collect Arizona sales tax: If your company will collect sales tax provide your Arizona Sales Tax ID

**SSN & Tax Identification Number:** This is your Social Security Number or your company's Tax Number.

**Entity Name:** This is your personal name or your company's name that will appear on your invoices.

**Profile Questions:**

**What type of Organization do you represent:** This is to let us know what type of business type you or your company represents. Click the magnify glass and choose the business type you represent. If you are an individual you will pick #2 Sole Proprietor.

\* Please select all that apply.  Not Applicable

List Line Number		List Item
1	<input checked="" type="checkbox"/>	Not Applicable
2	<input type="checkbox"/>	Small Business
3	<input type="checkbox"/>	Minority Owned Business
4	<input type="checkbox"/>	Woman Owned Business
5	<input type="checkbox"/>	Veteran Owned Business
6	<input type="checkbox"/>	Disabled Owned Business

**Please select all that apply:**  
Then click the Return button.  
**PLEASE complete this section to accurately capture your status.**

Please attach any MWBE certifications you have been issued. (Optional)

 Add Attachment

**Please attach any MWBE certifications that have been issued:** Click on the words (Add Attachment). (Optional)

Enter all applicable commodity codes in the Category 1 - 10 fields below. If the commodity code is not found, enter the description in the adjacent field.

Category 1	<input type="text"/>	Category 6	<input type="text"/>
Category 2	<input type="text"/>	Category 7	<input type="text"/>
Category 3	<input type="text"/>	Category 8	<input type="text"/>
Category 4	<input type="text"/>	Category 9	<input type="text"/>
Category 5	<input type="text"/>	Category 10	<input type="text"/>

**Enter all applicable commodity codes in the category fields 1-10 below. If the Commodity code is not found enter the description in the adjacent field:** The codes are what we pull from when mailing Advertisements for any IFB's or RFP's that are for any interested vendors who wish to submit a bid or a proposal. Companies, if you click on the magnify glass and select the code/s that pertained to the service you provide.

Comments ?

**Comments:** If you would like to make a comment, please type the message in the adjacent field.

**Enter Primary Address** ?

\* Country  United States

Address 1

Address 2

Address 3

City

County  Postal

State  Arizona

Email ID

**Other Addresses** ?

Check boxes below to indicate addresses that are different from your Primary Address above:

Remit To Address  
Address for remitting payment

\* Country  United States

Address 1

Address 2

Address 3

City

County  Postal

State

Email ID

**Addresses Step 3 of 6:  
Enter Primary Address:**

**Address 1:** This is the address where you live, or where you want the check to be mailed to.

**Address 2 & 3:** This is for any other address you want to include.

**Email:** Is required

**Other Addresses:**

**Remit to Address:** This is where companies might want their checks and/or purchases orders mailed to instead of address listed above. Then click the Next button.

Welcome Identifying Information Addresses **Contacts** Payment Information Submit

Contacts - Step 4 of 6

Company Contacts ?

Primary	Name	Phone	Designate Address
<input checked="" type="radio"/>	Apple Crate	(480) 235-6548	Primary Address

Add Contact

Previous Next

\* Required field

**Contacts: Step 4 of 6:**  
You must click on the Add Contact button.

Add Contacts

Contact Information ?

\* First Name   Primary Contact

\* Last Name

Title

\* Email ID

\* Telephone  Ext

Fax Number

Contact Type

User Profile Information ?

\* Requested User ID

Description

Language Code

OK Cancel

A contact box will appear so you can input your information. You must input your first and last name, email and phone number. Click on the OK button.

Contacts - Step 4 of 6

Company Contacts ?

Primary	Name	Phone	Designate Address
<input checked="" type="radio"/>	Apple Crate	(480) 235-6548	Primary Address

Add Contact

Previous Next

\* Required field

The box will disappear then you will need to click on the Next button.

Payment Information - Step 5 of 6

Payment Preferences ?

Remit Address PriAdd

Enable Email Payment Advice

Email Address apple@gmail.com

Payment Method System Check

Supplier Banking Information – required for electronic payments ?

Bank Name

Bank ID

Bank Account Number

Comments

Comments

\*Required Field

Previous

Next

**Payment Information 5 of 6:**

You must input your email address and the payment method you want. When you click on the drop down box and you will select the method System Check or Automated Clearing House.

**Supplier Bank Information:**

This is required only if you want electronic payment. You would put your Bank Name and the Bank ID number which is your routing number then input your Bank Account Number and an email to notify you when the payment is being submitted to your account.

**Comments:** In the adjacent field you can include any question or statements you want to add. Then click on the Next button.

### Submit - Step 6 of 6

#### Submit Step 6 of 6:

#### Terms of Conditions:

Name of the person creating the registration:  
This is the name of the person who is inputting the information in the system. This is in case there is a question about the information that was submitted. This email is where after two approvals the supplier number will be sent. This process may take up to two business days to complete.

Click the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

#### Terms and Conditions ?

\*Name of person creating registration:

Email communication regarding this registration will be sent to:

Make sure you read terms of agreement fully before submitting your registration.

Click to accept the Terms of Agreement below.  
[Terms of Agreement](#)

#### Make sure you read terms of Agreement fully before submitting your registration:

Click on the button to accept the Terms of Agreement.  
If you want to review your information click review, otherwise click the Submit button and you are Finished.