

BANDERA INDEPENDENT SCHOOL DISTRICT VENDOR APPLICATION

Fax completed form to: 830-796-6282

Company Name: _____

Order Address: _____

City _____ State _____ Zip Code _____

Remittance Address: _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Tax ID Number _____ Contact Person _____

Position/Title _____ Email Address _____

Company Website _____

Primary Business _____

Signature _____ Date _____

PLEASE MARK ALL THAT APPLY:

Are you an active approved vendor on:

_____ TPASS *CMBL *CISV *TXMAS *HUB _____ The Cooperative Purchasing Network

_____ Education Service Center Region 2 _____ Education Service Center Region 20

_____ Buy Board _____ Other

Are you a Sole Source Product Provider? _____ Yes _____ No

If yes, a Sole Source Affidavit must be completed and Submitted with application

Please indicate all Products or Services offered:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athletic Supplies & Equipment | <input type="checkbox"/> Audio Visual Equipment & Supplies | <input type="checkbox"/> Automotive Parts/Tires/Equipment/Fuel |
| <input type="checkbox"/> Awards/Trophies/Promotional Items | <input type="checkbox"/> Building Maintenance, Repair & Operation | <input type="checkbox"/> Custodial Supplies |
| <input type="checkbox"/> First Aid, Medical Supplies & Equip | <input type="checkbox"/> Floor Covering & Sport Surfaces | <input type="checkbox"/> Food Services Supplies & Equipment |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Guidance/Counseling |
| <input type="checkbox"/> Instructional/Teaching Aid Supplies & Equipment | <input type="checkbox"/> Library | <input type="checkbox"/> Music/Theater/Art |
| <input type="checkbox"/> Office Supplies & Equipment | <input type="checkbox"/> Paper, Printer Ink and Toner | <input type="checkbox"/> Parks & Recreation Supplies/Equipment |
| <input type="checkbox"/> Security | <input type="checkbox"/> Technology | <input type="checkbox"/> Uniforms & Clothing Apparel |
| <input type="checkbox"/> Vehicles/Trucks/Buses/Trailers | <input type="checkbox"/> other | <input type="checkbox"/> Other |

OFFICE USE ONLY

APPROVAL _____ **DATE** _____