

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 _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

SOLE SOURCE AFFIDAVIT

Before me, the undersigned official, on this day, personally appeared _____, a person known to me to be the person whose signature appears below, whom after being duly sworn upon his oath deposed and said:

1. My name is _____, I am over the age of 18, have never been convicted of a crime and being competent to make the affidavit.

2. I am an authorized representative of the following company or firm:

3. The above named company or firm is the sole source of the following item(s), and no other company or firm in the United States of America sells or distributes the product(s) listed below:

4. Competition in providing the above named item(s) or product is precluded by the existence of a patent, copyright, secret process, or monopoly.

5. There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function and there is only one price for the above named item(s) or product(s) because of exclusive distribution or marketing rights.

Signature of Authorized Official

Title of Authorized Signature

Company: _____
Address: _____
City, State, and Zip: _____
Telephone Number: _____ Fax: _____
Contact Person: _____

Affidavit will be valid for two (2) years from date subscribed and sworn.

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____.

(Seal)

Notary Public Signature

Print Name: _____

My Commission Expires: _____