 **Vendor Application Form**

**Instructions:**

1. The application form should be completed and signed by an authorized representative of the vendor.
2. The application should be submitted (as noted below) with all supporting documents, including but not limited to:
	1. W-9 Form
	2. Conflict of Interest Questionnaire
	3. Felony Conviction Form
	4. Certificate of Insurance (as appropriate for on-site professional services)
	5. Certification of Criminal History Record Information (if working directly with students)

**Notice to Prospective Vendors:**

1. Vendors are not placed on the district’s approved vendor list until a purchase order is approved by the purchasing department.
2. Vendors must accept purchase orders for all purchases. The district will not be responsible for payment for goods or services that are provided to Lackland ISD staff without an approved purchase order issued by the purchasing department.
3. All invoices must reflect the purchase order number and must be mailed, faxed, or emailed to the Lackland ISD Accounts Payable Department (mailing address, fax number and email address are noted below).
4. All payments are net 30 days after receipt of the goods and/or services.

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| **VENDOR IDENTIFICATION:** |
| Vendor Name |  |
| Vendor DBA, if appropriate |  |
| Federal Tax ID or Social Security Number |  |
| Type(s) of Goods or Services |  |
| List any Co-Op contracts such as TCPN, ESC, Buy Board, etc. |  |
| **VENDOR CONTACT INFORMATION:** |
| Vendor Mailing Address: |  |
| Vendor Remit Address:(If different from mailing) |  |
| Vendor Phone Number: |  |
| Vendor Fax Number: |  |
| Vendor Website URL: |  |
| Vendor Email Address:(For distribution of Purchase Orders) |  |

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

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Vendor Authorized Representative (Print Name) Title

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Vendor Authorized Representative (Signature) Date

August 2013