MATHIS INDEPENDENT SCHOOL DISTRICT

Vendor Purchasing Coop Membership Form

Return to: Mathis ISD
Attn: Business Office
PO Box 1179
Mathis Texas, 78368

DATE: _____ ***Attached is a W-9 Form YES or NO***

Name of the Company: _____

Address : _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

VENDOR EMAIL ADDRESS: _____
Must enter email

My Company is a member of the _____ Purchasing Coop
My Contract/Vendor number is _____ for the 2022-2023 school year **Or**
Attach a sole source affidavit. Copy Rights is no Sole Source

List popular contract awarded item(s) below or attach a separate detailed sheet

Item #		Description	Item Detail	Contract #	Price Per Item

Completed by: _____ **Date:** _____