ESCAPE –Vendor Profile

Date: _____

Vendor Information:

Vendor Name: _____

_____

Issue To

Address: _____
Street Address or P.O Box

_____
City State Zip Code

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

PO Email (if different than above): _____

☐ Email PO to Vendor

Remit To

Address: _____
Street Address or P.O Box

_____
City State Zip Code

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Terms

Payment Terms: _____ (Net 30 if blank)

FOB: _____ (Destination if blank)

Send this form and W-9 to purchasing@travisusd.org