

Birdville Independent School District

VENDOR INFORMATION FORM

VENDOR CONTACT INFORMATION

Primary Contact/Title:		
Company name:		
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:
Website:		
M/WBE:		
HUB:		
DUN:		
EIN or SS#:		

REMIT INFORMATION

Contact Person:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Division/Bid#:		

ADDITIONAL REMIT ADDRESSES

Location Name/Type:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Division/Bid#:		
Location Name/Type:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Division/Bid#:		

HOW WOULD YOU LIKE TO RECEIVE YOUR PURCHASE ORDERS? EMAIL, FAX OR US MAIL

CHECK ALL THAT APPLY

<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> U S Mail
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PLEASE LIST ANY CURRENT AWARDED BIDS YOU HAVE WITH OTHER DISTRICTS OR CO-OPS

Bid or Co-op#:	Contact:	Phone:
Bid or Co-op #:	Contact:	Phone:
Bid or Co-op #:	Contact:	Phone:

SIGNATURES OF COMPANY OFFICIAL

Print Name: _____ Print Title: _____	Signature: _____ Date: _____
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PLEASE ATTACH A COPY OF YOUR SIGNED W-9 FORM WITH THIS DOCUMENT