

# VENDOR'S LIST APPLICATION

Before you continue in filling out this application, make sure you have read the Instructions on the Vendor's List Home Page.

Business Name. If individual, enter last name first.

Street Address

City

State

Zip Code

Local Representative for Edinburg CISD. Enter **NONE** if no one person should be named.

Phone Number

Toll Free Number

Fax Number

E-Mail

(Vendor shall be responsible to check both their InBox and Spam folders for any correspondence that the Purchasing Department might send you. In no instance shall Purchasing be responsible if vendor fails to read correspondence in a timely manner.)

Identify the Classes of items on which you will consistently bid by referring to the Commodity Class Listing, which you should have printed prior to filling out this application. Enter the 3-digit class in correct numerical sequence.

- |           |                      |           |                      |           |                      |           |                      |
|-----------|----------------------|-----------|----------------------|-----------|----------------------|-----------|----------------------|
| 1. Class  | <input type="text"/> | 2. Class  | <input type="text"/> | 3. Class  | <input type="text"/> | 4. Class  | <input type="text"/> |
| 5. Class  | <input type="text"/> | 6. Class  | <input type="text"/> | 7. Class  | <input type="text"/> | 8. Class  | <input type="text"/> |
| 9. Class  | <input type="text"/> | 10. Class | <input type="text"/> | 11. Class | <input type="text"/> | 12. Class | <input type="text"/> |
| 13. Class | <input type="text"/> | 14. Class | <input type="text"/> | 15. Class | <input type="text"/> | 16. Class | <input type="text"/> |
| 17. Class | <input type="text"/> | 18. Class | <input type="text"/> | 19. Class | <input type="text"/> | 20. Class | <input type="text"/> |

Vendor's Comments. If you cannot find the corresponding commodity code for the line of business that your company deals with, please specify in this area. Also, make any additional comments that you feel will be important for the Purchasing Department.

The undersigned hereby certifies that the above and foregoing information is a full, true and correct statement of the facts. It is understood that failure to bid or return the proper no bid form on three (3) consecutive bid invitations for any given Commodity Class could result in removal from the bidder's mailing list for that class.

Authorized  
Signature

Title

Date

Yes, I have read the Instructions & agree with all information provided.