

## Vendor Application Form

**Instructions:**

1. The application form should be completed and signed by an authorized representative of the vendor.
2. Failure to respond by 4:00 P.M, July 27<sup>th</sup> will result in being removed from the vendor list for the 2018-2019 school year.
3. The application should be submitted (as noted below) with all supporting documents, including but not limited to:
  - a. W-9 Form
  - b. Conflict of Interest Questionnaire
  - c. Any type of catalog/brochure of products (if applicable)

**Notice to Vendors:**

1. Vendors must accept purchase orders for all purchases. The district will not be responsible for payment for goods or services that are provided to Ferris ISD staff without an approved purchase order signed by the Finance Director, Brenda Rodriguez.
2. All invoices and statements must reflect the purchase order number and must be emailed or mailed to Ashley Jones at P.O. Box 459 Ferris, TX 75125 or [ajones02@ferrisisd.org](mailto:ajones02@ferrisisd.org)
3. All accounts are net 30 days after receipt of the goods and/or services.
4. Vendors must provide an email address for Purchase orders to be submitted to.

<b>VENDOR IDENTIFICATION:</b>	
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.	
Provide Contract numbers for purchasing Co-Op contracts if applicable	
<b>VENDOR CONTACT INFORMATION:</b>	
Vendor Mailing Address:	
Vendor Remit Address: (If different from mailing)	
Vendor Phone Number:	
Vendor Fax Number:	
Vendor Website URL:	
Vendor Email Address:	
Vendor Sales Representative:	

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor. Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. Vendor further certifies and verifies that neither Vendor, nor any affiliate, subsidiary, or parent company of Vendor, if any (the "Vendor Companies"), boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this PO. For purposes of this PO, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory.

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Vendor Authorized Representative (Print Name)

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Title

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Vendor Authorized Representative (Signature)

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Date

**Forward completed application to: Ferris ISD, Attn: Accounts Payable, Ashley Jones, by 4:00 P.M., July 27th, 2017**