

# *Hallsville Independent School District*

## **Vendor Application Form**

### **Instructions:**

1. The application form should be completed and signed by an authorized representative of the vendor.
2. 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. Felony Conviction Form (if applicable for on-site services)
  - d. Certificate of Insurance (as appropriate for on-site professional services)
  - e. Certification of Criminal History Record Information (if working directly with students)

See: [https://www.dps.texas.gov/administration/crime\\_records/pages/faq.htm](https://www.dps.texas.gov/administration/crime_records/pages/faq.htm)

### **Notice to Prospective Vendors:**

1. Vendors are not added in our system until all requirements are returned to purchasing department.
2. Vendors must accept purchase orders for all purchases. The district will not be responsible for payment for goods or services that are provided to Hallsville ISD staff without an approved purchase order issued by the purchasing department.
3. All invoices must reflect the purchase order number and must be mailed; faxed, or emailed to the Hallsville ISD Accounts Payable Department (mailing address, fax number and email address are noted below).
4. All payments are net 30 days after receipt of the goods and/or services.

<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 Region VII ESC, Buy Board, etc.	
<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: (For distribution of Purchase Orders)	

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

\_\_\_\_\_  
Vendor Authorized Representative (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Vendor Authorized Representative (Signature)

\_\_\_\_\_  
Date

December 2017

Forward completed application to: Hallsville ISD, Attn: Kathy Bradford at [kbradford@hisd.com](mailto:kbradford@hisd.com), via fax to (903)668-5990, or mailed to P. O. Box 810, Hallsville, TX 75650; Attn: Purchasing Dept.