# New Caney ISD
# Vendor Information Form

Vendor Name: _____

Sales Representative & Phone Number:_____

Address: _____ Remit to Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____
Requestedby:by:Bo (Email address must be an address where Purchase Orders can be sent)

Website: _____

What New Caney ISD Campus/Department has requested your services? _____

Name of New Caney ISD contact: _____

List any Purchasing Cooperatives that your company is a member of:

_____ _____

_____ _____

Each vendor must complete a W-9, CIQ and Commodity Check List (if applicable).

If vendor will be physically on a campus the vendor must complete a Certification of Criminal History Record Information Sheet. **Vendors with direct/unsupervised contact with students must complete SB9 Fingerprinting Requirements.**

If a Sole Source vendor, attach a completed Sole Source Affidavit. (Original Copy & Notarized)

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**For New Caney ISD Purchasing Department use only:**

Requested by: use_____ Approvy: