

<p><b>District Use Only</b></p> <p><b>Please Check One:</b></p> <p>General Fund: _____</p> <p>Activity Fund: _____</p> <p>Club Fund: _____</p>
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## 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: \_\_\_\_\_

(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: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

Vendor Number: \_\_\_\_\_