

# Vendor Application Form



New Application
Name and/or address change

<b><u>Name of Company:</u></b>		<b><u>Date of Application:</u></b>	<b><u>Phone:</u></b>	<b><u>Fax:</u></b>
<b><u>Mailing Address:</u></b>		<b><u>Website Address:</u></b>		<b><u>Email:</u></b>
<b>Type of Organization (Check one)</b>				
Individual		Partnership		Corporation
<b>Name of Officers, Members or Owners of Concern, Partnership, Etc.</b>				
<b><u>(A) President/Owner:</u></b>		<b><u>(B) Vice President:</u></b>		
<b>PERSONS OF CONCERN TO SIGN BIDS AND CONTRACTS IN YOUR NAME ( IF AGENT, SPECIFY)</b>				
<b>Name:</b>		<b>Official Capacity/ Title:</b>		
<b>PERSONS TO CONTACT ON MATTERS CONCERNING BIDS AND CONTRACTS ( IF AGENT, SPECIFY)</b>				
<b>Name:</b>	<b>Phone:</b>	<b>E Mail:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>E Mail:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>E Mail:</b>		
<b>GOVERNMENT CONTRACT INFORMATION</b>				
If your company has a contract with a state purchasing cooperative, please describe the contracting agency and contract number below; ie. Buyboard, E&I, National IPA, DIR, TIPS, HGAC, PSA.				
<b>Contract Agency:</b>	<b>Contract Number:</b>	<b>Expires:</b>		
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<b>TYPES OF SERVICES OFFERED</b>				
Please include any and all services your company can offer to Blinn College.				