

**NEW VENDOR  
 and/or  
 BID LIST APPLICATION**

Company Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address for Purchase Orders: \_\_\_\_\_ Fax for PO's: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address for Payment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address for Bids: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Representative(s) Name & Title: \_\_\_\_\_

|  |
|--|
| <b>Taxpayer ID Number (TIN)</b>            |
| Social Security #:<br>_____                |
| or<br>Employer Identification # :<br>_____ |

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: \_\_\_\_\_

Is your company a Catalog Information Systems Vendor? \_\_\_\_\_ # \_\_\_\_\_

Type of Organization (check one) Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Business (check one): Manufacturer: \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Retailer: \_\_\_\_\_ Broker: \_\_\_\_\_  
 Distributor: \_\_\_\_\_ Service Organization: \_\_\_\_\_ Other: \_\_\_\_\_

Small and/or Disadvantaged Business Information (check applicable criteria):

**Small Business**

Less than 50 \_\_\_\_\_ 51-99 \_\_\_\_\_

Less than \$1million annual gross receipts \_\_\_\_\_ \$1-3 million annual gross receipts \_\_\_\_\_

**Disadvantaged Business (At Least 51% Ownership)**

Black American \_\_\_\_\_ Hispanic American \_\_\_\_\_ Asian Pacific American \_\_\_\_\_

Native American \_\_\_\_\_ Women \_\_\_\_\_ Other \_\_\_\_\_

**Goods and/or Services for which Bidding Opportunities are requested:** Please indicate the NIGP Commodity/Services Code (see [http://www.tbpc.state.tx.us/com\\_book/index.html](http://www.tbpc.state.tx.us/com_book/index.html)) & description of the product/service that your company provides. Click on the Class Code for a breakdown of items under each code (185 pages). If you cannot access the website, please call and we will e-mail or fax you a copy of the Class Codes only (6 pages).

**NIGP-National Institute of Governmental Purchasing**

| NIGP CODE | DESCRIPTION | NIGP CODE | DESCRIPTION |
|-----------|-------------|-----------|-------------|
| _____     | _____       | _____     | _____       |
| _____     | _____       | _____     | _____       |
| _____     | _____       | _____     | _____       |

**NOTE:** I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Type or Print Name & Title of Signatory and Date**

**NOTE: This is not a guarantee for purchase nor does this mean that you are a Board approved vendor.** The information you provide will be added to the Purchasing bid list database and you will be notified of future bid opportunities. If your company offers products/services in a category that MISD does not currently bid, and the annual aggregate category amount is less than \$25,000, purchases may be made if approved by the Director of Purchasing.