

# ANTHONY INDEPENDENT SCHOOL DISTRICT

840 Sixth Street  
Anthony, Texas 79821  
Attn: Finance Department  
Phone: (915) 821-6502 Fax: (915) 886-2420  
A.I.S.D. Vendor Registration Form

**Purchasing Use Only**

Added to Vendor List  
 Submitted to Accounting

Add  Change  Delete

**VENDORS PLEASE COMPLETE**

Federal Tax ID Number: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ TELEPHONE NO: (\_\_\_\_\_) \_\_\_\_\_  
DOING BUSINESS AS: \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
PARENT ORGANIZATION OF: \_\_\_\_\_ 2ND NUMBER (if applicable): (\_\_\_\_\_) \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**BID MAILING ADDRESS:** \_\_\_\_\_

STREET ADDRESS/P.O. BOX CITY STATE ZIP

**REMIT ADDRESS:** \_\_\_\_\_

STREET ADDRESS/P.O. BOX CITY STATE ZIP

**TYPE OF BUSINESS** - Please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Retailer   | <input type="checkbox"/> Distributor         | <input type="checkbox"/> Sole Proprietorship  |
| <input type="checkbox"/> Wholesaler   | <input type="checkbox"/> Manufacturer        | <input type="checkbox"/> Partnership          |
| <input type="checkbox"/> Service Firm (Describe and attach Brochure if Available) | <input type="checkbox"/> Manufacturers Agent | <input type="checkbox"/> Corporation          |
| <input type="checkbox"/> General Contractor                                       | <input type="checkbox"/> Sub - Contractor    | <input type="checkbox"/> Private Organization |

Historically Underutilized Business: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please provide applicable Code(s) and Certificate Number:\*

\* Asian Pacific - AS; Black Owned - BO; Hispanic - HI; Native American - IA; Woman Owned - WO;

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

**For AISD Finance Department Use Only**

Vendor ID #: \_\_\_\_\_ Search Type \_\_\_\_\_ Vendor \_\_\_\_\_ Customer \_\_\_\_\_ Employee \_\_\_\_\_

Category Code: \_\_\_\_\_ Commodity Code: \_\_\_\_\_ Form 1099 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Superintendent/CFO / Director of Finance Department

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**IT IS STRICTLY UP TO THE VENDOR TO SUPPLY ANY CHANGE OF LEGAL BUSINESS NAME, ADDRESS, PHONE NUMBER OR FAX NUMBER - IN WRITING.**

**ALL SOLICITATIONS ARE ADVERTISED IN THE CLASSIFIED SECTION OF THE EL PASO TIMES NEWSPAPER.**