



Hondo Independent School District

2604 Avenue E / PO Box 308

Hondo, Texas 78861-0308

(830) 426-3027 - Phone (830) 426-7683 - Fax

Email: HondoISD@hondoisd.net

VENDOR APPLICATION FORM

Instructions:

- The application form should be completed and signed by an authorized representative of the vendor.
- The application should be submitted (as noted below) with all supporting documents, including but not limited to:
 - IRS Form W-9
 - Conflict of Interest Questionnaire
 - Felony Conviction Form
 - Certificate of Insurance (as appropriate for on-site professional services)
 - Criminal History Authorization Form or Certification of Criminal History Record Information (if working directly with students)

Notice to Prospective Vendors:

- Vendors must accept purchase orders for all purchases. The district will **not** be responsible for payment for goods or services that are provided to Hondo ISD staff without an approved purchase order issued by Hondo ISD.
- Hondo ISD is a tax exempt entity. The Business Office will provide a Sales Tax Exemption Form upon request.
- All invoices and shipping labels must reflect the purchase order number and must be mailed, faxed, or emailed to the Hondo ISD Accounts Payable Department (mailing address, fax number and email address are noted above).
- All payments are net 30 days after receipt of the goods and/or services.
- If there are any changes to this information, a new vendor packet will need to be completed and submitted to the Finance Department. Updated forms are available on the **Finance** page of the District's Webpage at www.hondoisd.net

VENDOR IDENTIFICATION

Vendor Name	
Vendor DBA, if appropriate	
Federal Tax ID or Social Security Number	
Type(s) of Goods or Services	
List any Co-Op Contracts (such as Region 20, Buy Board, etc.)	

VENDOR CONTACT INFORMATION

Vendor Mailing Address	
Vendor Remit Address (if different from mailing)	
Vendor Phone Number	
Vendor Fax Number	
Vendor Website URL	
Vendor Email Address (for distribution of Purchase Orders)	

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

Vendor Authorized Representative (Print Name)

Title

Vendor Authorized Representative (Signature)

Date