

# MATHIS INDEPENDENT SCHOOL DISTRICT

## Vendor Purchasing Coop Membership Form



Return to: Mathis ISD  
 Attn: Business Office  
 PO Box 1179  
 Mathis Texas, 78368

DATE: \_\_\_\_\_

*Attached is a W-9 Form YES or NO*

Name of the Company: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**VENDOR EMAIL ADDRESS:**  
 \_\_\_\_\_  
*Must enter email*

My Company is a member of the \_\_\_\_\_ Purchasing Coop  
 My Contract/Vendor number is \_\_\_\_\_ for the 2019-2020 school year Or  
**Attach a sole source affidavit. Copy Rights is no Sole Source**

**List popular contract awarded item(s) below or attach a separate detailed sheet**

Item #	Description	Item Detail	Contract #	Price Per Item

Completed by: \_\_\_\_\_

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