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**VENDOR INFORMATION**

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**Please provide the following information:**

Company Name: \_\_\_\_\_

E-mail address for placing orders: \_\_\_\_\_

Fax number for placing orders: \_\_\_\_\_

Telephone number for order status: \_\_\_\_\_

In-house Contact/Representative: \_\_\_\_\_

In-house Contact/Rep E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Contact/Representative: \_\_\_\_\_

Local Contact/Rep E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Delivery Date After Receipt of Order (ARO): \_\_\_\_\_

Discount Payment Terms (standard District payment NET 30): \_\_\_\_\_

Does your company offer an on-line ordering system? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide web page link: \_\_\_\_\_

Is the principal place of business for your company in the State of Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your company employ at least 500 people in the State of Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

Define your company's return policy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

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

Sign in ink