



Clarendon CISD Vendor Information Form

Applicant Information

Company Name: _____

Contact: _____ Date: _____
Last First

Address: _____
Street Address Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Firm Details

Complete the following details about your organization.

Years in business: _____

Form of Business: **Corporation** | **Partnership** | **Proprietorship**

Primary service: _____

Previous Employment

List other schools in the area you work with.

Contact Name: _____ Relationship: _____

School: _____ Phone: _____

Address: _____

Contact Name: _____ Relationship: _____

School: _____ Phone: _____

Address: _____

Contact Name: _____ Relationship: _____

School: _____ Phone: _____

Address: _____

Other Details

How many years has the company provided the service sought after in this proposal: _____

Describe your maintenance and repair service including normal response time.

Describe your warranty and products and services rendered

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance of a proposal, I understand that false or misleading information in my application will be grounds for termination.

Signature: _____ Date: _____