

## **Vendor Application Form**

#### **Instructions:**

- 1. The application form should be completed and signed by an authorized representative of the vendor.
- 2. The application should be submitted with all supporting documents. Incomplete applications will not be accepted.
  - a. Application Form
  - b. W-9 Form
  - c. Conflict of Interest Questionnaire
  - d. Senate Bill 252 Chapter 2252 Certification
  - e. House Bill 89 Verification

### **Notice to Prospective Vendors:**

- 1. Vendors are not placed on the district's approved vendor list until a purchase order is approved by the purchasing department.
- 2. Vendors must accept purchase orders for all purchases. The district will <u>not</u> be responsible for payment for goods or services that are provided to Seguin ISD staff without an approved purchase order issued by the purchasing department.
- 3. All invoices must reflect the purchase order number and must be mailed, faxed, or emailed to the Seguin ISD Accounts Payable Department, 1221 E. Kingsbury St, Seguin, TX 78155.
- 4. All payments are net 30 days after receipt of the goods and/or services.

VENDOR IDENTIFICATION:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vendor Name	
Vendor DBA, if appropriate	
Federal Tax ID or Social Security # 1099 Vendor:YESNO	
Type(s) of Goods or Services	
<b>Purchasing Coop Contracts</b>	Contract Number
Texas Comptroller of Public Accounts (Texas Smart Buy)	
Texas Department of Information	
Resources	
Resources The Local Government Purchasing Cooperative (TASB BuyBoard)	
The Local Government Purchasing	

Region 20 Texas 20 Purchasing Cooperative			
Region 2 Purchasing Program (Goodbuy)			
Choice Partners			
Central Texas Purchasing Alliance (CTPA)			
Omnia Partners   Pbulic Sector (U.S. Communities and National IPA/TCPN			
The Interlocal Purchasing System (TIPS)			
Sourcewell			
VENDOR CONTACT INFORMAT	ION:		
Vendor Mailing Address:	CANCE		
Vendor Remit Address: (If different from mailing)	KE PALEYS		
Vendor Phone Number:	P. THE	La de	
Vendor Fax Number:			
Vendor Website URL:	A LITTLE BY		
Vendor Email Address: (For distribution of Purchase Orders)			
I hereby certify that the above informati representative of this vendor.	on is true and correct. l	I further certify that I am an authorize	d
Vendor Authorized Representative (Prin	nt Name)	Title	
Vendor Authorized Representative (Sign	nature)	Date	



## **Request for Taxpayer** Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
oe. ons on page 3.	following seven boxes.  C Corporation S Corporation Partnership Trus	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	single-member LLC	Exempt payee code (if any)
Print or type. Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member	LLC is
اق ہے	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
Seci	☐ Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
See S		r's name and address (optional)
Й	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	t I Taxpayer Identification Number (TIN)	
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
TIN, I		or
110te. If the account is in more than one hame, see the instructions for line 1. Also see What Name and		Employer identification number
Numk	ber To Give the Requester for guidelines on whose number to enter.	
Par	rt II Certification	
Unde	r penalties of perjury, I certify that:	
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a number	
	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have no	

- Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person ►	Date <b>&gt;</b>

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

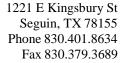
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

## **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.	
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.	
Name of vendor who has a business relationship with local governmental entity.	
Check this box if you are filing an update to a previously filed questionnaire. (The law recompleted questionnaire with the appropriate filing authority not later than the 7th business you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
Name of local government officer about whom the information is being disclosed.	
Name of Officer	
Describe each employment or other business relationship with the local government offic officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with Complete subparts A and B for each employment or business relationship described. Attack CIQ as necessary.  A. Is the local government officer or a family member of the officer receiving or life other than investment income, from the vendor?  Yes  No  B. Is the vendor receiving or likely to receive taxable income, other than investment of the local government officer or a family member of the officer AND the taxable income governmental entity?  Yes  No  Describe each employment or business relationship that the vendor named in Section 1 m	th the local government officer. In additional pages to this Form the additional pages to this Form the local pages to the local page
other business entity with respect to which the local government officer serves as an orownership interest of one percent or more.	
Check this box if the vendor has given the local government officer or a family member of as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(a)(a)(a)(b) as described in Section 176.003(a)(a)(a)(a)(b), excluding gifts described in Section 176.003(a)(a)(a)(a)(a)(a)(a)(b), excluding gifts described in Section 176.003(a)(a)(a)(a)(a)(b), excluding gifts described in Section 176.003(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	
7	
Signature of vendor doing business with the governmental entity D	rate





# **SB 252**

# **CHAPTER 2252 CERTIFICATION**

I,, the undersigned representative
of(Company or business name
being an adult over the age of eighteen (18) years of age, pursuant to Texas
Government Code, Chapter 2252, Section 2252.152 and Section 2252.153
certify that the company named above is not listed on the website of the
Comptroller of the State of Texas concerning the listing of companies that
are identified under Section 806.051, Section 807.051 or Section 2253.153
I further certify that should the above-named company enter into a contract
that is on said listing of companies on the website of the Comptroller of the
State of Texas which do business with Iran, Sudan or any Foreign Terroris
Organization, I will immediately notify the Seguin Independent Schoo
District's Purchasing Department.
Name of Company Representative (Print)
Signature of Company Representative
Date



Representative

1221 E Kingsbury St Seguin, TX 78155 Phone 830.401.8634 Fax 830.379.3689

### HOUSE BILL 89 VERIFICATION

	HOUSE BILL 89 VERIFICATION	
Ι,	, the undersigned representative	
of_	Company or Business	
naı	me (hereafter referred to as company) being an adult over the age of eighteen (18)	
yea	ars of age, verify that the company named-above, under the provisions of	
Su	btitle F, Title 10, Government Code Chapter 2270:	
1.	Does not boycott Israel currently; and	
2.	Will not boycott Israel during the term of the contract the above-named	
	Company, business or individual with the Seguin Independent School District.	
Ри 1.	rsuant to Section 2270.001, Texas Government Code: "Boycott Israel" means refusing to deal with, terminating business activities with, or	
	otherwise taking any action that is intended to penalize, inflict economic harm on, or	
	limit commercial relations specifically with Israel, or with a person or entity doing	
	business in Israel or in an Israeli-controlled territory, but does not include an action	
	made for ordinary business purposes; and	
2.	"Company" means a for-profit sole proprietorship, organization, association,	
	corporation, partnership, joint venture, limited partnership, limited liability partnership,	
	or any limited liability company, including a wholly owned subsidiary, a majority-owned	
	subsidiary, parent company or affiliate of those entities or business associations that	
	exist to make a profit.	
<u> </u>		
Sig	gnature of Company Date	