

**Lamesa Independent School District**  
**New Vendor Information**

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

Requested by: Name \_\_\_\_\_

Department \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Billing/Remit to Address: Address: \_\_\_\_\_  
(If different than mailing address)

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: Area Code: \_\_\_\_\_

Fax #: Area Code: \_\_\_\_\_

Website: \_\_\_\_\_

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Types of products sold:      Supplies/Merchandise      Rents  
(Check all that apply)      Medical Payments      Attorney Fees  
   Contracted Services

**Please email completed form to Business Office:**  
**[Rachel Soliz – rsoliz@lamesaisd.net](mailto:rsoliz@lamesaisd.net)**

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**For Business Office Use:**

**1099 Vendor                      W-9 on File                      W-9 mailed on \_\_\_\_\_**

**Approved By: \_\_\_\_\_ Date: \_\_\_\_\_**

**Entered By: \_\_\_\_\_ Date: \_\_\_\_\_**