ORLEANS PARISH SCHOOL BOARD

Purchasing/Ancillary Services

VENDOR REGISTRATION FORM

DATE (MM/DD/YYYY): _____

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REMIT TO ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

TAX ID NO: _____

DUNS NO. _____

☐ MANUFACTURER ☐ DISTRIBUTOR ☐ SALES OFFICE ☐ SERVICES ☐ STATE CONTRACT

NO. _____

PLEASE IDENTIFY COMMODITIES AND/OR SERVICES THAT YOUR COMPANY PROVIDES:

_____

_____

_____

_____ _____

Company Representative **Title**

FOR ORLEANS PARISH SCHOOL BOARD USE ONLY	
SUBMITTED BY:	SCHOOL/ DEPARTMENT: