

TWIN FALLS PUBLIC SCHOOLS
SCHOOL DISTRICT NO. 411

201 MAIN AVE. WEST
TWIN FALLS, IDAHO 83301-6197
(208) 733-6900 FAX (208) 733-8474

VENDOR APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

BUSINESS PHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

HISTORY OF COMPANY (Explain briefly—must include type of business, date established, all subsidiaries—doing business as, etc.)

BANK REFERENCES _____

CURRENT FINANCIAL STATEMENT (Please attach)

TRADE REFERENCES (Minimum of 3)

SCHOOL DISTRICT'S TERMS: In accordance with Idaho State Law, Code #67-2302, we have 60 days to pay the invoice from the time it is received in our accounting office and order has been received. See attached Idaho Statute #67-2302. **THESE TERMS SUPERCEDE ALL OTHER TERMS.**

Authorized purchases for the School District are made by purchase order. The purchase order number must appear on all shipping documents, invoices and related correspondence. In addition, the vendor agrees to accept only orders placed by purchase order.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

