

CISD Vendor List Application Form

This application form is intended to facilitate identifying qualified vendors that desire to be considered for business opportunities with the Clarksville Independent School District through the competitive procurement process. Please fill out the information requested below and return to:

Clarksville ISD  
Attn: Purchasing  
1500 W. Main St.  
Clarksville, Texas 75426

OR

FAX: 903-427-5071  
Attn: Purchasing  
Email: [mdarrow@clarksvilleisd.org](mailto:mdarrow@clarksvilleisd.org)

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

Vendor Address: \_\_\_\_\_

Vendor Address City, State and Zip: \_\_\_\_\_

Vendor Contact Person & Title: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Authorized Agent Name: \_\_\_\_\_

Type of Business (Small, Women, Minority HUB): \_\_\_\_\_

Commodity Listing (be specific): \_\_\_\_\_

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Submittal of this vendor application is for the convenience of the Purchasing Department only and does not imply or guarantee to the submitter the receipt of any information (bid or quote requests, etc.)