

# BRAZORIA COUNTY VENDOR DATA SHEET

|   |             |  |
|---|-------------|--|
| <b>***VENDOR MUST PROVIDE APPLICABLE COMMODITY CODES IN ORDER TO BE CONSIDERED. ENGINEERING, ARCHITECTURAL, AND ENVIRONMENTAL SERVICES MUST ADD 2 DIGIT CODE TO 3 DIGIT CLASSIFICATION.</b> |             |  |
| VENDOR NAME _____ DATE FORM COMPLETED: _____  |             |  |
| Is vendor incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No; If incorporated: How incorporated: _____ Where incorporated: _____  |             |  |
| Has Name Changed in past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When _____   |             |  |
| FORMER NAME _____   |             |  |
| <b><u>ORDER /PHYSICAL ADDRESS:</u></b>  |             |  |
|   |             | COUNTY   |
| COMPLETE STREET ADDRESS (Cannot be P.O. Box)  | CITY        | STATE / ZIP  |
|   | (      )    | (      )   |
| SALES/PARTS CONTACT PERSON/TITLE  | TELEPHONE # | FACSIMILE #  |
| WEBSITE ADDRESS:  |             | EMAIL ADDRESS:   |
| <b><u>REMIT ADDRESS:</u></b>  |             |  |
|   |             | COUNTY   |
| REMITTANCE NAME (If different from above)   |             |  |
| COMPLETE REMIT TO ADDRESS   | CITY        | STATE / ZIP  |
|   | (      )    | (      )   |
| CONTACT PERSON/TITLE  | TELEPHONE # | FACSIMILE #  |
| EMAIL ADDRESS _____   |             |  |
| <b><u>INVOICING ADDRESS (If different than Remit):</u></b>  |             |  |
|   |             | COUNTY   |
| COMPLETE INVOICING ADDRESS  |             | STATE / ZIP  |
|   | (      )    | (      )   |
| CONTACT PERSON/TITLE  | TELEPHONE # | FACSIMILE #  |
| EMAIL ADDRESS _____   |             |  |
| PLEASE PROVIDE A GENERAL DESCRIPTION OF THE PRODUCTS OR SERVICES SOLD:  |             |  |
|   |             |  |
|   |             |  |
| <b><u>VENDOR'S COMMODITY CODES (3 DIGIT) **REQUIRED**</u></b>   |             | <b><u>FOR INTERNAL USE ONLY</u></b>  |
|   |             | Entered into PeopleSoft by: _____  |
|   |             | Date: _____ <b>BRAZORIA CO. VENDOR #</b> _____   |
|   |             | <b>DOCS SCANNED TO VENDOR SET-UP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |

**PLEASE COMPLETE THE W-9 FORM, WHEN ATTACHED, & RETURN IT WITH THE VENDOR DATA SHEET.**  
 Please return form to: Brazoria County Purchasing Department, 111 E. Locust Street, Bldg. A-29, Suite 100, Angleton, TX 77515  
 For questions, please call the Purchasing Department at 979-864-1825 (FAX: 979-864-1034)