

VENDOR SETUP FORM

(Please submit completed form Attention: LPSS Purchasing Department via email to slfrancis@lpssonline.com or by fax to 337-233-0782)

Vendor Name: _____ Vendor Representative Name: _____

Mailing Address: _____ Representative Title/Position: _____

Vendor Phone Number: _____ Representative Phone Number: _____

PO Email Address: _____ Representative Email Address: _____
(receives emailed purchase orders)

I also request to receive LPSS bid solicitations for the commodities listed below:

CODE	NAME	CODE	NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bid Solicitation Email Address: _____
(receives bid solicitations for commodities listed above)

Signed by Vendor Representative

Date