



ST. TAMMANY PARISH SHERIFF'S OFFICE PURCHASING DIVISION

Please complete the following items that pertain to your company or business:

Company Name: _____

Type of Business: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: () _____

Fax Number: () _____

Terms of Payment: _____

La. Tax I.D. Number (if applicable): _____

Fed. Tax I.D. Number: _____

Occupational License Number : _____

Product or services provided by your company: _____

Does your company offer Louisiana state contracts? Yes / No

Name of sales representative contact: _____

Sales representative contact number: () _____

A/R Contact Person: _____

A/R contact number: () _____

E-Mail Address of contact person: _____

Does your company have a website? Yes / No

If yes, please list address: _____

Please fax this form to the Purchasing Division upon completion

985-645- 2483.