



St. Tammany Parish Sheriff's Office

Purchasing Division

NEW VENDOR REGISTRATION

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

Company Name: _____

Type of Business: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Terms of Payment: _____

LA Tax ID Number (if applicable): _____

Federal Tax ID Number: _____

Product or Services provided by
your company: _____

Does your company offer
Louisiana state contracts? _____

Name of sales representative: _____

Phone number: _____

Email address _____

Name of accts. recv. contact: _____

Phone number: _____

Email address: _____

Company web site (if
applicable): _____