



PROGRESO INDEPENDENT SCHOOL DISTRICT

P.O Box 610 • Progreso, TX 78579 • Phone: (956) 565-4071 • Fax: (956) 565-1159

SOLE SOURCE VENDOR AFFIDAVIT
Request for Information

Vendor Name _____ Fax Number _____

Attention _____ Date _____

Address _____ City _____ State _____ Zip Code _____

1) Who do you sell the item(s) on the attached copy to? Check all that apply

- Broker Wholesalers Retailers End Consumer ONLY

2) Do you own the copy rights to ALL items listed? Yes No

If NO and you have an agreement with the publisher/producer to be the sole distributor, provide a copy of the agreement. Also, on a separate sheet list the item(s) for which you do not own the copyrights and do not have an agreement with the publisher.

3) Any additional information that you claim is the basis for the Sole Source classification?

Authorized Signature _____ Title _____

Printed Name _____

Date _____ Phone Number _____ Fax Number _____

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority duly authorized to administer oaths, personally appeared _____ who being first duly sworn under oath, attests to the information as noted.

Signature

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires _____

[seal]