



Reorganized School District No. 7
Purchasing and Distribution Services
702 SE 291 Highway
Lee's Summit, MO 64063
Phone: (816) 986-2190 Fax: (816)986-2454

Vendor Request Application

Company Name: _____

Address: _____

City, State, Zip
+ 4 digits: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Sales Rep. and phone
number: _____

Federal Tax ID # or
Social Security #: _____

Type of Product or
Services: _____