



1777 NE Loop 410 Suite 906
San Antonio TX 78217

Phone: (210) 826-3786 Fax: (210) 826-8383

www.mystma.com

Company Name: _____

Your Name and Role: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone Number: _____ Your Contact Number: _____

Fax Number: _____ Your Email Address: _____

If you are member of the Better Business Bureau, please provide your ID number: _____

How did you hear about STMA? _____

What services/products does your company provide? _____

How long has your company been in existence? _____

Is your company local or nationwide? _____

Do you provide your service to any other association? _____

If yes, then which other associations? _____

What benefits can your company provide to STMA? _____

I confirm that all of the information I have provided is accurate to the best of my knowledge and belief.

Sign _____ Print _____ Date _____

Please fill out the above vendor application and attach your business proposal along with a **price sheet** and any brochures you may have. You may either send the required information either by mail to the above address, Attn: Shaista Punjani, or email it to admin@mystma.com

For Office Use Only

Date Received: _____

Director's Decision: _____

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