

LA eCat Non-AGPS Enrollment Form

Non-AGPS Agency Information

Agency Name* _____
Short Name * _____
Contact Name* _____
Contact Phone * (____) _____
Contact EMail * _____
Support Phone * (____) _____
Support Email * _____
State Agency * Yes No

Non-AGPS Administrator

Salutation _____
First Name * _____
Last Name * _____
Job Title * _____
Phone * (____) _____
FAX * (____) _____
Email * _____
Address Line 1 * _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____
City * _____
ZIP * _____

*Fields marked with * are required.*

By signing below, I authorize this agency to utilize Louisiana's E-Cat system for placement of orders for contract items and agree to abide by the terms of use as stated on State Purchasing's website.

Agency Head Signature Date _____

Agency Head (Printed)

Complete and mail to:

Office of State Purchasing - Attn: LA eCat
P. O. Box 94095
Baton Rouge, LA 70804-9095

For State Purchasing's use only – Training package delivered _____
Assigned Userid _____ Date _____