



## VENDOR INFORMATION FORM

Please fill in:

Business Name\_\_\_\_\_

IRS Reporting Name\_\_\_\_\_

Business Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone ( )\_\_\_\_\_ Extension\_\_\_\_\_

Toll Free Number 800\_\_\_\_\_

Vendor Fax Number\_\_\_\_\_

Vendor Email Address\_\_\_\_\_

Ordering Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone ( )\_\_\_\_\_ Extension\_\_\_\_\_

Remit Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone ( )\_\_\_\_\_ Extension\_\_\_\_\_

Contact Person: (Ordering)\_\_\_\_\_

Remit\_\_\_\_\_

**PLEASE INCLUDE THE ABOVE INFORMATION**

**WHEN SUBMITTING YOUR BID OR PROPOSAL**