



APPROVED VENDOR INFORMATION FORM

Date: _____

Vendor Name: _____

D.B.A. _____

Individual Sole Proprietor Corporation Partnership Other > _____
(Please check appropriate box)

Business Address: _____ # _____

City: _____ State: _____ Zip: _____

Remittance Address: _____ # _____
(If different from business address)

City: _____ State: _____ Zip: _____

Office Phone # _____ Fax # _____

Contact Phone # _____ Contact Name: _____

Federal Tax ID Number (EIN): ___ -- ___

Or

Social Security Number: ___ -- ___ -- ___

Website (if applicable): _____

E-mail Contact (if applicable): _____

Description of Business (what will this vendor be doing for us?): _____

Note: Please complete all information on the form