



VENDOR INFORMATION FORM

Member Name: _____
Required (Last) (First) (MI)

Responsible Party's Name: _____
Required (Last) (First) (MI)

Vendor Name: _____
(Vendor Legal Name)

Vendor Assumed Business Name (if any): _____

Taxpayer Identification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Business Phone: (_____) _____ Cell Phone: (_____) _____

Fax Number: (_____) _____ Email Address: _____

What types of goods or services will be provided to the participant? _____

If providing services, what type of business is this? (please check one) This information will help us determine if additional documentation is required.

____ Corporation ____ LLC (multi-member) ____ LLC (single member) ____ LLP

____ Partnership ____ Sole Proprietorship ____ Government ____ Non-profit

Responsible Party/
Member Signature: _____ Date: _____

Vendor Signature: _____ Date: _____