

## VENDOR INFORMATION FORM

<b>COMPANY NAME:</b>		
<b>ORDERING ADDRESS:</b>		
	<b>PHONE:</b>	
	<b>TOLL FREE:</b>	
<b>ACCOUNTS PAYABLE ADDRESS:</b>		
	<b>FAX:</b>	
	<b>TOLL FREE FAX:</b>	
<b>INTERNET ADDRESS:</b>		
<b>BID NOTICE E-MAIL AND/ OR CUSTOMER SERVICE EMAIL:</b>		
<b>DO YOU ACCEPT PURCHASE ORDERS</b>	<b>CASH PAYMENT TERMS (Net 30 Days)</b>	<b>MINIMUM ORDER AMOUNT, IF ANY</b>
YES <input type="checkbox"/> NO <input type="checkbox"/>	OR _____ % Discount in Net _____ Days	
<b>PRINCIPAL PRODUCTS/ SERVICES OFFERED:</b>		
<b>**Please include Commodity Codes (ATTACHED)</b>		
<b>ACTIVE STATE/CO-OP CONTRACT: YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
If YES, please list:		
<b>PRINCIPALS AND KEY PERSONNEL</b>		
<b>PRESIDENT / OWNER:</b>		
<b>GENERAL MANAGER:</b>		
<b>ACCOUNTING / ACCOUNTS RECEIVABLE MANAGER:</b>		
<b>SALES MANAGER:</b>		