



Vendor Information Form

Please complete and forward to the Coalition administrative office for payments to be processed.

Legal Name of Company: _____

Physical Information

Payment Information (if different)

Address _____
 City, State, ZIP _____
 Phone _____
 Fax _____
 Owner/Director _____
 Email Address _____
 Date established _____
 State of Incorporation _____
 Federal ID/SSN Number _____
 Contact Person _____

Address _____
 City, State, ZIP _____
 Phone _____
 Fax _____
 Owner/Director _____
 Email Address _____
 Date established _____
 State of Incorporation _____
 Federal ID/SSN Number _____
 Contact Person _____

Are you considered a minority business? If so, please indicate type. _____

Do you give discounts to non-profit organizations? _____

Will you donate materials to non-profit organizations? _____

Type of service/product provider: _____

Certification: I, the undersigned, hereby certify that the information in this application is a full, true, and complete statement of facts. I understand that if I do not provide a complete W-9 statement that payments will be subject to backup withholding, per IRS Form W-9 instructions.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

FOR OFFICE USE ONLY

W-9 Completed _____
 Debarr Check _____
 Minority Check _____
 Notes:

Vendor AP Set up _____
 FD Approval/Date _____