|  |  |
| --- | --- |
| Date |  |
| Vendor Name: |  |
| Company Name |  |
| Toll free phone |  |
| Phone |  |
| Email |  |
| Address |  |
| City/State/Zip |  |

|  |  |  |
| --- | --- | --- |
| Name the person to contact for bidding/proposal |  |  |
| [PERSON NAME] |  | [CONTACT] |
| [Comment/Note] |  | [EMAIL] |

|  |  |  |
| --- | --- | --- |
| Name the personnel/HR & development or other person responsible for affirmative actions in the company. | | |
| [PERSON NAME -1] |  | [CONTACT] |
| [Comment/Note] |  | [EMAIL] |

|  |  |  |
| --- | --- | --- |
| Mailing address to which purchase orders are placed and the person/department may contact for orders and billing | | |
| [PERSON NAME -1] |  | [CONTACT] |
| [Comment/Note] |  | [EMAIL] |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | | |
| Form# |  | | Date |  | Dept: |  |
|  | |  | | | | |