



## VENDOR INFORMATION FORM

### Organization

Official Name of Organization: \_\_\_\_\_

EIN: \_\_\_\_\_ DUNS: \_\_\_\_\_

SAM Unique Entity ID: \_\_\_\_\_ CAGE Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Person to Receive Contract from NACCHO for Signature

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Authorized Signer for Contract

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Accounts Payable Information

Name (Attn): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_