

ITB Cover Page

Vendor Information

Legal Business Name:

DBA (if applicable):

Federal Tax ID (EIN/SSN):

Business Type (check one): Corporation LLC Partnership Sole Proprietor

If Corporation, State of Incorporation:

Primary Business Address:

City: State: Zip:

Phone: Website:

Primary Contact Information

Name:

Title/Role:

Phone:

Email:

Accounts Payable Contact (Required)

Name:

Title/Role:

Direct Phone:

Email:

Preferred Method of Remittance: Check ACH Wire

Remittance Address (if different):

City: State: Zip:

Certification

I certify that the information provided above is true, complete, and accurate.

Authorized Representative Name & Title:

Signature: Date: