

# 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: