



## Vendor Contact Information Form

Date: \_\_\_\_\_

TIN: \_\_\_\_\_

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

Primary Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**Authorized Signer:** *Person authorized to contractually bind the organization*

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

Address: \_\_\_\_\_  Same as Primary

Phone: Office \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Primary Contact for 1GPA Contract:** *Main point of contact for questions*

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

Address: \_\_\_\_\_  Same as Primary

Phone: Office \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Primary Accounting Contact:** *Person who will handle the sales report and/or invoices from 1GPA*

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

Address: \_\_\_\_\_  Same as Primary

Phone: Office \_\_\_\_\_ Mobile \_\_\_\_\_

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

**Other:**

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

Address: \_\_\_\_\_  Same as Primary

Phone: Office \_\_\_\_\_ Mobile \_\_\_\_\_

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