



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: _____