



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: _____