VENDOR DATA SHEET

1. **Company Name:** _____

   Telephone: _____ **Toll Free #** _____ **Fax #** _____

   Address: _____

   City: _____ **State:** _____ **Zip + Four:** _____

   Email: _____ **Agency Website:** _____

   Federal ID# or SSN: _____ **Medicare #** _____ **Medicaid#** _____

   For Profit: ☐ **or Non-Profit** ☐ **Tax Exempt: Yes** ☐ **No** ☐ **Agency NPI #** _____

   Check Appropriate Box: Individual / Sole Proprietor ☐ **Corporation** ☐ **Partnership** ☐

   Limited Liability Company ☐

2. **Contract Administrator (Name that will appear on the contract)**

   Name: _____ **Title:** _____

   Address: _____

   Email: _____ **Telephone:** _____

   City: _____ **State:** _____ **Zip + Four:** _____

3. **Contact Person For Billing Questions**

   Name: _____ **Title:** _____

   Address: _____

   Email: _____ **Telephone:** _____

   City: _____ **State:** _____ **Zip + Four:** _____

4. **Company Name and Address to Send Payments To**

   Agency Name: _____ **Telephone:** _____

   Address: _____ **Email:** _____

   City: _____ **State:** _____ **Zip + Four:** _____

5. **Contact Person For Program Related Matters**

   Name: _____ **Title:** _____

   Address: _____

   Email: _____ **Telephone:** _____

   City: _____ **State:** _____ **Zip + Four:** _____