

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:** _____