



NEW VENDOR INFORMATION FORM – NON-INVENTORY VENDORS

BUSINESS CONTACT INFORMATION

Company's Legal Name		Other Business Name(s)/DBAs	
Phone		Website	
Physical Address		Mailing/Payment Address	
Contact Person-Primary		Contact Person-Billing	
E-mail		E-mail	

PRODUCT OR SERVICE INFORMATION

General description of products or services to be purchased	
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OTHER INFORMATION

Has a completed and signed W-9 form been received from the prospective vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a company that will perform services on BriarPatch property has a Certificate of Insurance, naming BriarPatch as additional insured, been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these products or services regulated by a government agency? If so, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGMENT

I hereby request that this vendor be added to the list of approved BriarPatch vendors. I have explained to the vendor BriarPatch's vendor policies, as described below:

1. *Invoicing* - Invoices must be submitted on a timely basis and must include business name, contact information, shipment/delivery date, invoice #, quantity and unit costs for each item or service, and total amount due. Minimum 14-day payment terms required.
2. *Professionalism* - All businesses must meet BriarPatch standards of professionalism which include delivery requirements and regular, timely communication. Please contact your BriarPatch Department Manager for more information.

SIGNATURES

BriarPatch Dept Manager Signature	
Name and Dept Printed	
Date	