## **VENDOR INFORMATION SHEET**

## THE FOLLOWING INFORMATION IS REQUIRED:

Note: The vendor's name and address must correspond precisely with the information provided on IRS tax documentation and as recorded in SAM.gov.

VENDOR NAME:		
MAILING ADDRESS:		
REMIT TO ADDRESS:		
-	ained a Unique Entity ID (UEI), please refer t ditional information and guidance.	o the Get a Unique Entity
PAYMENT METHOD:		
MC/GPC (Government Purchase Car	d)**	
EFT (Electronic Funds Transfer)		
Check (sent via mail)		
PAYMENT TERMS: NET 30 or NET	with% discount	
VENDOR'S POINT OF CONTACT		
NAME:		
E-MAIL ADDRESS:		
PHONE NO:		
GSA Contract #(If applicable)	AFNAF Contract #	(If applicable)
Name / Title	Signature	Date

\*If the hyperlinks are not working, please right-click on the link, select 'Copy Hyperlink,' and paste it into the address bar (URL bar) of your preferred web browser.

<sup>\*\*</sup>Preferred Payment Method