

Delegate Agency Business Information Form
Please complete this form and write legibly

Delegate Agency Information

Agency Name:

Street Address:

Street Name:

Suite/Floor:

City:

State: E.g. IL, OH, IA

Zip:

Street Direction:

Street Type:

Business Information

Vendor #:

Vendor Site:

FEIN:

DUNS:

Delegate Agency Business Point of Contact (POC)

*Example: Director of Contracts, Contracts Administrator,
Supervisor of Contracts*

Prefix:

First Name:

Last Name:

Title:

Phone: Ext.

Email:

Head of Agency Point of Contact (POC)

Example: CEO, President, Executive Director

Prefix:

First Name:

Last Name:

Title:

Phone: Ext.

Email:

Delegate Agency Finance Point of Contact (POC)

Example: CFO, Director of Finance, Finance Manager

Prefix:

First Name:

Last Name:

Title:

Phone: Ext.

Email:

I confirm that the information above is accurate as of the date indicated below.

Delegate Agency Representative Full Name (Printed)

Delegate Agency Representative Title

Delegate Agency Representative Signature

Date