

**ATTACHMENT #1
GH VENDOR APPLICATION FORM**

Legal Contractual Name of Business:

Owner's Name:

Business Mailing Address:

City, State and Zip Code:

E-Mail Address

Phone:

Fax:

General Business

Contact Person for Business Operations:

Title:

E-Mail Address for Business Operations

Business Telephone:

Business Fax:

Fiscal

Contact Person for Fiscal Operations:

Title:

E-Mail Address for Fiscal Operations

Business Telephone:

Business Fax:

Is your business: (check one)

NON PROFIT CORPORATION

FOR PROFIT CORPORATION

Is your business: (check one)

CORPORATION

LIMITED LIABILITY PARTNERSHIP

INDIVIDUAL

SOLE PROPRIETORSHIP

PARTNERSHIP

UNINCORPORATED ASSOCIATION

Names and Titles of Co-Owners, Partners or Board Members
(Also list names and titles of persons with written authorization/resolution to sign contracts)

Names:
Titles:
Phones:

Names and Titles of Business Officers
Names:
Titles:
Phones:

Does business have any liens or claims?
(If so, please indicate by whom and specify lien or claim, including any tax delinquencies)

Name of Company:
Claim:
Lien:
Amount:

Please provide the following:
Federal Tax Identification Number:
Business License Number: