

Vendor Registration

Date: _____

Contact Information:

Company Name: _____

Business Owner: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax#: _____

Email: _____

Type of Business:

Products:

Services:

Is your company the following?

Insured? yes no Amount due to Traveler Bonded? yes no

Licensed? yes no

If yes, license number: _____

Additional Comments:

Once completed, attach W9 along with this form and email to businessoffice@stillman.edu