

Southside Virginia Purchasing Consortium

Vendor Registration Form

Company Name: _____ Federal ID#: _____

Company Mailing Address: _____

Company Phone Numbers:

Business Phone: _____ E-mail Address: _____

Toll Free: _____ Fax: _____

Contact Personnel: (Name) (Title) (Extension)

Sales: _____

Service: _____

Accounting: _____

Product or Service Provided: _____

Territory or Geographical Location Served: _____

Trade References: 1. Company name: _____
Contact name & phone: _____
2. Company name: _____
Contact name & phone: _____
3. Company name: _____
Contact name & phone: _____

Signature: _____ Title: _____ Date: _____