

VENDOR INFORMATION SHEET

DATE: _____

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TOLL FREE NUMBER: _____

EMAIL: _____

FEID NUMBER: _____ OR SSN: _____

CONTACT PERSON: _____

TITLE: _____

CONTACT NUMBER: _____



The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.