

Vendor Data Sheet

GENERAL INFORMATION:

1. Firm or Business Name: _____
2. Doing Business As (DBA): _____
3. Street Address: _____
4. Billing Address: _____
5. City _____ State _____ Zip _____
6. Telephone () _____ 7. Fax () _____
7. E-Mail Address: _____
8. Accounts Payable Contact Name: _____
9. Years in Business _____ 10. Federal Tax Number: _____
11. Type of Business: ___ Sole Proprietorship ___ Corporation
 ___ Partnership ___ Subsidiary
12. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1) _____ 2) _____

13. List Credit/Debit Card Information. Funds will be to checked. Payments will be billed only in the event on non payment of Invoice/s

Card Number _____ Expiration Date _____

Name On Card _____ CVV/CVC code _____

Card Type: Visa _____ Mastercard _____ Discover Card _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Central Grip & Lighting LLC. I hereby agree that Central Grip & Lighting LLC may investigate my record and that, if approved, Central Grip & Lighting LLC may furnish this authorization to secure the information they need to establish a business relationship.

Name Title

Signature Date