

Request for New Vendor Information Form

Business Name: (as shown on tax return) _____

Business Name (if different from above) _____

FEIN _____ E-mail address _____

Physical Address: _____

City State Zip Code

Phone Number Fax Number

Contact Person Job Title

Phone Number Fax Number E-mail

_____ Principal owner of business	_____ Race	M ___ F ___ Gender
<p>This information is required by an Alabama legislative act that governs the appropriations to AIDT. If a C -Corporation or S- Corporation, this information is not required. If sole proprietor, partner or LLC, information is required.</p>		

Remit to address (if different from above)

Remit to: _____

City State Zip Code

Phone Number Fax Number

Contact Person Job Title

Phone Number Fax Number E-mail