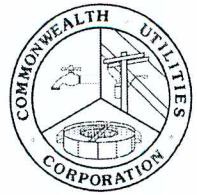




Commonwealth Utilities Corporation

VENDOR INFORMATION



Company Name: _____

Federal/Tax ID Number: _____

Business Form:
 Sole Proprietorship Limited Liability Company (LLC)
 Partnership Association
 Corporation Non-Profit Organization

Is Company a sub-vendor? Yes _____ No _____

If yes, head company name: _____

Mailing Address: _____

Location of Business: _____

 City _____ State _____ Zip _____

Phone Number: _____ E-Mail Address: _____ Fax Number: _____

Terms of Payment: _____

Discount Days: _____ Discount Percent: _____

Please list individuals authorized to make inquiries about your account:

Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____

Preferred payment delivery: Mail _____ Pick-up _____

Please list individuals authorized to pick up payment from our Accounts Payable Section:

Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____

Comments: _____

Authorized Signatory: _____ Date: _____

Print Name: _____

Title: _____

Note: Please attach copy of Business License

For Accounts Payable Use Only: Received/Entered by: _____ Date: _____ Vendor No. _____
