



# 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. _____
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