**INSPIRE** 

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## **VENDOR FORM**

## **VENDOR INFORMATION**

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID. if applicable
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
VENDOR ADDRESS		·
PAYMENT ADDRESS if differen	t from address above	
FAIMENT ADDRESS IF GILEFEI		
PHONE	VENDOR EMAIL	
TAX EXEMPT? Y or N	VENDOR WEBSITE	

## ORGANIZATION TYPE

Corporation	Individual / Sole Proprietor	Joint Venture
LLC	Partnership / Limited Partnership	Non Profit

## **BANKING INFORMATION**

BANK NAME	
ACCOUNT NO.	
ROUTING NO.	

VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT

INTERNAL USE ONLY	Authorized Signature	Date Received

Please return form to mendee.roch@inspiresolutions.com or jeff.white@inspiresolutions.com