

STATE OF CONNECTICUT - AGENCY VENDOR FORM

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

SP-26NB-IPDF Rev. 4/10

COMPLETE VENDOR LEGAL BUSINESS NAME			Taxpayer ID # (TIN): <input type="checkbox"/> SSN <input type="checkbox"/> FEIN	
<small>WRITE/TYPE SSN/FEIN NUMBER ABOVE</small>				
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)				
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR GOVERNMENT				
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.				
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY <small>(REAL ESTATE & EQUIPMENT)</small>				
E. OTHER (DESCRIBE IN DETAIL)				
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →				
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →				
NOTE: IF YOUR BUSINESS IS A <i>PARTNERSHIP</i> , YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.				
NOTE: IF YOUR BUSINESS IS A <i>CORPORATION</i> , IN WHICH STATE ARE YOU INCORPORATED?				
VENDOR ADDRESS		STREET		CITY
				STATE
				ZIP CODE
<small>Add Additional Business Address & Contact information on back of this form.</small>				
VENDOR E-MAIL ADDRESS			VENDOR WEB SITE	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.				
REMIT ADDRESS		STREET		CITY
				STATE
				ZIP CODE
CONTACT INFORMATION: NAME (TYPE OR PRINT)				
1 ST BUSINESS PHONE:		Ext. #	HOME PHONE:	
2 ND BUSINESS PHONE:		Ext. #	1 ST PAGER:	
CELLULAR:		2 ND PAGER:		
1 ST FAX NUMBER:		TOLL FREE PHONE:		
2 ND FAX NUMBER:		TELEX:		
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR				DATE EXECUTED
← SIGN HERE				
TYPE OR PRINT NAME OF AUTHORIZED PERSON			TITLE OF AUTHORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS <i>CERTIFIED</i> SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> Yes (<i>ATTACH COPY OF CERTIFICATE</i>) <input type="checkbox"/> No				
IS YOUR BUSINESS CURRENTLY A CT DOT <i>CERTIFIED</i> DISADVANTAGED BUSINESS ENTERPRISE (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YOU ARE A <i>STATE EMPLOYEE</i> , INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS				
PURCHASE ORDER DISTRIBUTION: (E-MAIL ADDRESS)				
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.				

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED