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): ☐ SSN ☐ FEIN			
				WRITE/TYPE SSN/FEIN	Number Above	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)						
	LLC CORPORATION	=	LC PARTNER		MEMBER ENTITY	
NON-PROFIT PARTNERSHIP 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						
(REAL ESTATE & EQUIPMENT)						
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 CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?						
VENDOR ADDRESS STREET				CITY STATE	ZIP CODE	
Add Additional Business Address & Contact information on back of this form. VENDOR E-MAIL ADDRESS VENDOR WEB SITE						
VENDOR E-MAIL ADDRESS		VENDOR	WEB SITE			
				_		
REMITTANCE INFORMATION: INDICATE BELOW TH	E REMITTANCE ADI	DRESS OF Y	OUR BUSINE			
REMIT ADDRESS STREET				CITY STATE	ZIP CODE	
CONTACT INFORMATION: NAME (TYPE OR PRINT)						
1 ST BUSINESS PHONE:	Ext. #	Номе Ри	HONE:			
2 ND BUSINESS PHONE:	Ext. #	1 ST PAGE	R:			
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			Titi	LE OF AUTHORIZED PERSO	N	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? YES (ATTACH COPY OF CERTIFICATE)					FICATE) NO	
IS YOUR BUSINESS CURRENTLY A CT DOT CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE)? YES NO						
IF YOU ARE A STATE EMPLOYEE, 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