STATE OF CONNECTICUT - AGENCY VENDOR FORM

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

SP-26NB-IPDF Rev. 4/10

	READ & COMPLETE CAREFULLY			SP-26NB-IPDF Rev. 4	
COMPLETE VENDOR LEGAL BUSINESS NAME			Taxpaye	er ID # (TIN):	SSN FEIN
WRITE/TYPE SSN/FEIN NUMBER ABOVE PLISHNESS NAME. TRADE NAME. DOING PUSHNESS AS (IE DIFFERENT FROM A POWE)					
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)					
BUSINESS ENTITY: CORPORATION	ON LLC PARTNE	_		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			
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. SAME AS VENDOR ADDRESS ABOVE.					
REMIT ADDRESS STREET			CITY	STATE	ZIP CODE
CONTACT INFORMATION: NAME (TY	(PE 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 AU	THORIZED TO SIGN PROPOSAL	S ON BEHALF OF THE A	BOVE NAM	ED VENDOR	DATE EXECUTED
		←	E SIGN	VHERE	
TYPE OR PRINT NAME OF AUTHORIZE			HORIZED PERSO	N	
Is Your Business Currently a DAS Certified Small Business Enterprise? Yes (attach copy of certificate) No					
IS YOUR BUSINESS CURRENTLY A CT DOT CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE)? YES NO					
IF YOU ARE A <i>STATE EMPLOYEE</i> , IND AGENCY & AGENCY ADDRESS	ICATE YOUR POSITION,				
PURCHASE ORDER DISTRIBUTION: (E-MAIL ADDRESS)					
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.					
NOTE: THE E-MAIL ADDRESS IND	ICATED IMMEDIATELY ABOVE	WILL BE USED TO FORW	ARD PURCE	IASE ORDERS TO	YOUR BUSINESS.

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