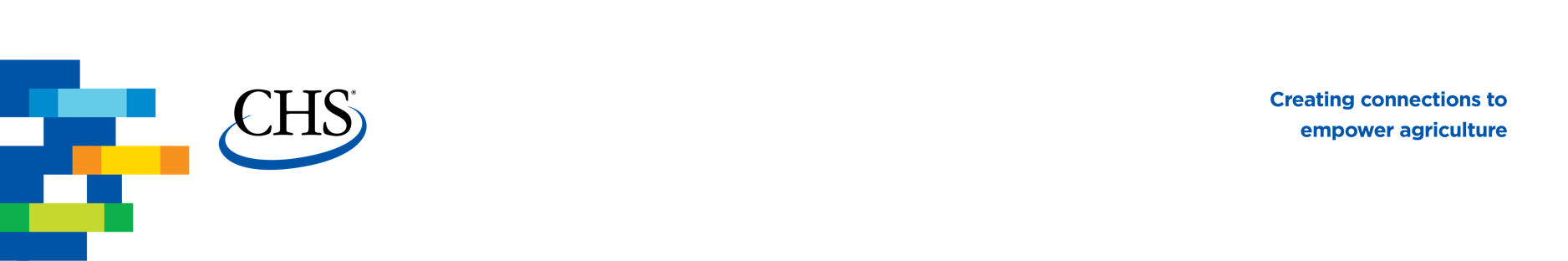
**CHS**

Vendor Request Form

Vendor Name:

DBA or Trade Name (if any):

Street Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email for Purchase Orders:

Account Contact:

Name Phone Email

Website:

Billing Address (if different from above):

Street/ P.O. BOX

City: State: Zip code:

Payment Method: Check ACH (If ACH please fill out attached EFT form)

Payment Terms:

Select nature of payments to be paid to vendor: (check all that apply)

Product for resale

Services (Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Supplies Equipment for CHS use

Other

Authorized Signature Printed Name Title Date