

TOWN OF CULPEPER
Vendor Information Worksheet

NAME (as shown on your income tax return): _____

BUSINESS NAME (if different from above: _____

DBA: _____

NAME (as it should appear on check): _____

REMIT TO ADDRESS: _____

CONTACT NAME: _____

CONTACT NAME TITLE: _____

CONTACT NAME PHONE: _____

CONTACT NAME EMAIL: _____

CONTACT NAME FAX: _____

PURCHASE ORDER DELIVERY METHOD: Mailed (If different from remit to address, please provide address that purchase order should be mailed. _____

Emailed (Provide email address if different from Contact name email above)

Fax (Provide fax # if different from Contact fax number above.)

Submitted By: _____
(Printed Name) (Signature)

Date: _____