

NARRAGANSETT BAY COMMISSION VENDOR REGISTRATION FORM

DATE: _____

NBC VENDOR ID NUMBER: _____
(NBC use only)

Company Information

Company Name: _____
d/b/a, Subsidiary of, Division, etc: _____
Taxpayer ID Number: _____

Contact Information

Name (first and last): _____
Title: _____
Email address: _____
Phone: _____
Fax: _____

Business Address

Address Line 1
Address Line 2
City, State/Providence
Zip Code
Country

Mailing Address (if different from billing)

Purchase Order Mailing Address

Address Line 1
Address Line 2
City, State/Providence
Zip Code
Country

Payment Mailing Address

Business Information

Year Business was Established: _____ # of business locations (as of today): _____
Full-Time employees (as of today): _____ Previous Year's Gross Billing: \$ _____