



FACILITIES & SAFETY BUSINESS OFFICE

DIRECT OWNER PURCHASE ORDER INFORMATION SHEET

Please complete and return:

Vendor Name:

DBA Name (if applicable):

Federal Employer Identification Number:

Vendor Address:

Contact Person:

Phone Number:

Fax Number:

Email Address:

Supplier's Minority Status:

Certified by State:

County:

City:

Other:

Discount:

Freight Added: YES

NO

Comments:

Completed by

Date