



**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:

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Supplier's Minority Status:

Certified by State:

County:

City:

Other:

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Discount:

Freight Added:            YES

NO

Comments:

Completed by

Date