RIVERCOM 911
P.O. Box 3344, Wenatchee, WA 98807
Phone: 509-662-4650 Fax: 509-662-4659
www.rivercom911.org

VENDOR INFORMATION FORM

Instructions to Vendors:
Please complete the Vendor Information Form and a W-9 Request for Taxpayer Identification Number Form and mail to RiverCom at the above address. Vendors may be added to the Vendor List at any time. Vendor information will be retained for a period of three (3) years. Vendors should update their information as necessary.

Name of Business _____

Name of Owner _____

Taxpayer Identification Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Web Address _____

Contact Name _____

Contact Phone _____ Contact Email _____

To the best of your knowledge, are you aware of any personal and/or organizational conflicts of interest between your company and RiverCom 911? ___ Yes ___ No
If Yes, please explain:
_____
_____

List below the materials, equipment, supplies, or services available (attach additional sheet if needed):