



TO BE COMPLETED BY VENDOR:

INFORMATION IN THIS SECTION SHOULD BE PROVIDED AS APPROPRIATE.

1. VENDOR NAME AS IT APPEARS ON INVOICE _____
2. PHYSICAL ADDRESS: _____

 CITY: _____, STATE: _____ ZIP: _____
3. E-MAIL ADDRESS: _____.
4. WEBSITE: _____.
5. GENERAL CONTRACTORS LICENSE NO, IF APPLICABLE _____.
6. TYPE OF G.C. LICENSE, IF APPLICABLE: _____.

STAARS VENDOR NUMBER

AUTHORIZED SIGNATURE (BLUE INK)

COMPANY NAME (dba)

TYPE/PRINT AUTHORIZED NAME

MAILING ADDRESS

TITLE

CITY, STATE, ZIP

TOLL FREE NUMBER

(____) _____
PHONE NUMBER

(____) _____
FAX NUMBER

SPECIAL INSTRUCTIONS TO THE VENDOR:

ALL VENDORS TO ACI MUST BE REGISTERED IN STAARS, the STATE of ALABAMA ACCOUNTING AND RESOURCE SYSTEM. <http://vendors.alabama.gov>