



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>

Please list your products below, by common name, technical name (if different), brief description of product.

\_\_\_\_\_

\_\_\_\_\_

