



VENDOR INFORMATION FORM

_____ New Vendor _____ Information Change Request

Instructions: Complete the form in its entirety and return it to the Detroit Zoological Society (DZS), Purchasing Department, 8450 W. 10 Mile Rd., Royal Oak, MI 48067. This form may also be emailed to purchasing@dzs.org. *This form must be approved prior to any payment being disbursed to a Vendor.*

BUSINESS INFORMATION

Business Name (Indicate the name that appears on your Tax Return): _____

DZS Employee Referral: _____

Other Referral (Please Specify): _____

Type of Business:

_____ Corporation _____ Limited Liability Company

EIN/TIN No.: _____

_____ Sole Proprietorship _____ Partnership

DUNS #: _____

Business Address: _____

E-mail Address: _____

Web Address: _____

City: _____

State: _____

County: _____

Zip code+4: _____

Contact Person(s) and Title(s): _____

Telephone: _____

Fax: _____

Payment Terms:
(NET30 Preferred)

NET _____

Use this space to indicate any state or industry certifications your company may possess (i.e., woman-owned business, minority owned business (type), LEED certified, etc.). Please indicate N/A if your company does not have certifications.

Existing Vendors Only (Please complete this portion as well)

Do we have an existing line of credit with your company? Yes or No What is our line of credit (credit limit)? _____

Please indicate current DZS authorized account users: _____

ACCOUNTS RECEIVABLE INFORMATION (if different from above) (Where do you want purchase order approvals and payment remittances sent?)

Business Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Accounts Receivable Contact: _____

Phone (include area code): _____

Fax (include area code): _____

E-mail Address: _____

MISCELLANEOUS INFORMATION

Please list products or services being provided to the DZS (this area must be completed – feel free to use an additional sheet):

Years in Business: _____ Indicate the year your business was established: _____

Attach three customer references for companies that you do business with (provide goods or services to).

This section to be completed by DZS Purchasing Department personnel only.

Date VIF Received: _____ LARA #: _____ Date LARA Checked: _____

Hoover's Financial Risk: _____ Date Hoover's Checked: _____ Date Entered into NetSuite: _____

References Received: