



ROCKY MOUNTAIN INFORMATION NETWORK, INC.

Vendor Contact Information and Remittance Address

Date:

Vendor Name:

VENDOR CONTACT INFORMATION

Vendor Contact Person:

Title:

Phone Number & Extension:

Fax Number:

Email Address:

REMITTANCE ADDRESS WHERE PAYMENT(S) SHOULD BE MAILED

Street or Post Office Box:

City:

State:

Zip:
