



Vendor Information Sheet

****We would appreciate the return of this form within one week of receipt Thank you!****

In the event of a change in personnel, please notify us at 314-665-3117

Fill out the form **completely** by typing or **clearly** printing the information. Please take your time to provide **accurate** and **complete** information.

Company Name: _____
(Exact name business is conducted under)

Company Address: _____

Office Phone Number: _____ Office Fax Number: _____

Weekday Hours of Operation: ____ a.m. to ____ p.m. Weekend Hours of Operation: ____ a.m. to ____ p.m.

Type of Business: _____

Account Manager: Work Phone #: _____ Cell Phone #: _____

Email: _____ Title: _____

Company Website: _____

Emergency Contacts: (Name) (Title) (Work Phone) (Cell phone)

1. Mr. Ms. _____

2. Mr. Ms. _____

3. Mr. Ms. _____

Accounting Contact (person who handles AR):

Name: _____

Company Name: _____

Title: _____

Business Address: _____

Phone: _____

Fax: _____

E-mail: _____



Scheduling Contact (*person who handles scheduling & work orders*):

Name: _____

Company Name: _____

Title: _____

Business Address: _____

Phone: _____

Fax: _____

E-mail: _____

Completed By: _____ **Date:** _____

PLEASE MAIL COMPLETED FORM TO: Integris Ventures Management, LLC located at 1001 Craig Road, Suite 392,
St. Louis, MO 63146 or Email to: management@integrisventures.com