



## New Vendor Request Form

Vendor Name: \_\_\_\_\_

Energy Type: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Payment City: \_\_\_\_\_

Payment Zip Code: \_\_\_\_\_

Counties Served by Vendor: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Vendor email: \_\_\_\_\_

Requesting EOC Partner Agency: \_\_\_\_\_

EOC Partner Agency Contact: \_\_\_\_\_

**W-9's must be obtained for all New Vendors.**

Send this completed form and the Vendor's W-9 to [energyassistance@energyoutreach.org](mailto:energyassistance@energyoutreach.org).