**Vendor Questionnaire**

**Vendor Name**: Enter Vendor Name

**Vendor DBA if Different from above:** Enter DBA Name

**Physical Address: Where is vendor physically located?**

**Street Address:** Enter Street Address

**City:** Enter City

**State:** Enter State **Zip:** Enter Zip Code

**Phone:** *Enter Phone #* **Fax:** *Enter Fax #*

**Remit to Address: Where is payment to be sent?**

**Street Address or PO Box:** Enter Street Address or PO Box

**City:** Enter City

**State:**Enter State**Zip:** Enter Zip Code

**Account Contact:** Enter Contact Name

**Contact Email Address:** Enter Contact Email

**Alternate Account Contact:** Enter Contact Name

**Alternate Contact Email Address:** Enter Contact Email

**Nature of Business:** Enter product or services vendor provides

**Ship Via:** Enter Standard Method of Shipment – i.e. UPS, Fed-Ex…

**Freight Charges: Select one**

[ ] **Freight Prepaid** [ ] **Freight Prepaid and Add**

[ ] **Freight Collect** [ ] **Vendor Truck**

**Insurance Requirements for Service Providers:**

* Genesee A&B, LLC as additional insured under general liability coverage
* General Liability Limit - $1,000,000 per Occurrence / $2,000,000 Aggregate
* Auto Liability - $1,000,000 Combined Single Limit
* Workers Compensation /Employers Liability - $500,000