

**Assurance Schedule A
Vendor Information Form**

VENDOR INFORMATION FORM

Name of Company: _____

Tax Payer ID #: _____ FCC/USAC "SPIN" Number: _____

Address: _____ Date Business
Began: _____

Telephone No: _____ Years at Location: _____

List of contact information for all officers, directors, and principals:

Name: _____
Title: _____
Address: _____
Telephone No: _____
Relationship: _____

Description of services provided:

Description of facilities/resources:

Description of staff (no./type/qualifications, etc.):

Brief history of company:

Client reference list of major customers and projects (include address and telephone number):

Verified by: _____
Date Verified: _____