



# Housing Resources

Empowering independence one home at a time.

## Vendor Information Sheet

Name of Business/Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Description of Product or Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Liability Insurance Information Included Y / N

The person signing this contract agrees to all terms and conditions of use and process as outlined/detailed in the Vendor Application.

Print Name of Vendor Authorized Person \_\_\_\_\_

Signature of Vendor Authorized Person \_\_\_\_\_

Date \_\_\_\_\_

Signature of HRWCO Authorized Person \_\_\_\_\_

Print HRWCO Authorized Person \_\_\_\_\_ Date \_\_\_\_\_