

VENDOR VIEW REGISTRATION FORM

IN ORDER TO REDUCE ERRORS, PLEASE TYPE ALL RESPONSES. DO NOT HAND WRITE.
PLEASE EMAIL TO EWRIGHT@THESENIORALLIANCE.ORG

Vendor Name: _____

Vendor Address: _____

Vendor Phone: _____

Vendor Main Contact Person: _____

Signature of Contact Person: _____

Main Contact Person Phone: _____

Main Contact Person Email: _____

Main Contact Person to have access to: (May check one or multiple options listed below)

- Vendor View Vendor Billing Vendor View Notification Emails

If you already have a Vendor View account with another Area Agency, please list your current Vendor

View User ID: _____

Please fill out a box for each additional user, and indicate what option(s) each user should have access to: (May check one or multiple options)

Vendor View User #1 _____
(First) (Last)

If you already have a Vendor View account with another Area Agency, please list your current Vendor

View User ID: _____

Vendor View User Email: _____

- * **USER TO HAVE:** Access to Vendor View Access to Vendor Billing
 Vendor View Notification Emails

Vendor View User #2 _____
(First) (Last)

If you already have a Vendor View account with another Area Agency, please list your current Vendor

View User ID: _____

Vendor View User Email: _____

- * **USER TO HAVE:** Access to Vendor View Access to Vendor Billing
 Vendor View Notification Emails