

# 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