



# VENDOR INQUIRY FORM

**INSTRUCTIONS:** Please complete this form then...

- A. Either mail it to  
Purchasing Partners of America  
Attn: Howard Shiffman  
PO Box 27765  
Denver, CO 80227-7765
- B. Or Fax it to us at 303 986-1174

## **VENDOR NAME:**

Vendor Business Name (Please Print or Type)

\_\_\_\_\_

Address (please include street address) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (please add area code) \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

Website URL \_\_\_\_\_

## **CONTACT INFORMATION:**

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (please add area code) \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_

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

## **VENDOR BUSINESS:**

Please describe your products, goods or services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor discounts Vendor Business available for PPA members \_\_\_\_\_

\_\_\_\_\_

Best Times to Contact you are \_\_\_\_\_