

Vendor Approval Application for the Nebraska Equipment Distribution Program

(Please Print)

A. Business Information:

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
(Number and Street Name, or PO Box)

CITY: _____ STATE: _____ ZIP: _____

WEBSITE: _____ E-MAIL ADDRESS: _____

PHONE NUMBER – VOICE: () _____ PHONE NUMBER - TTY: () _____

PHONE NUMBER – FAX: () _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER *(Please do not provide your social security number if you have a federal employer ID number or unless you are a sole proprietor or partnership):*

(FEIN No.): _____ - _____ (Social Security No.): _____ - _____ - _____

Any questions regarding this application should be referred to:

VENDOR CONTACT NAME AND TITLE: _____

PHONE NUMBER – VOICE/TTY/BOTH: () _____

B. Description of Product(s) Offered (attach additional sheets if necessary):

Please provide a summary description of the product(s) you are offering (Note: The product(s) description will be noted on the vendor listings provided to applicants and the website): _____

C. Vendor Certification Requirements:

The vendor's authorized representative undersigned in Section D agrees to adhere to the following requirements:

- 1) A "Returns and Exchange Policy" will be provided by all vendors and a copy is included with this application form (submit as attachment one with this application);
- 2) A price list has been included with this application. Any changes in price requires submitting an updated list (submit price list as attachment two with this application);
- 3) The vendor is committed to provide a drug free work place environment;
- 4) Setup of equipment and instructional guidance will be offered to all applicants and the actual costs of such to be billed to the Nebraska Public Service Commission on the same invoice as the equipment sale. The invoice amount for setup may include all reasonable costs of equipment setup;
- 5) The vendor has read the Public Service Commission's "Nebraska Equipment Distribution Program ("NEDP") Policies and Procedures" statement (enclosed) and will adhere to same.

D. AUTHORIZED REPRESENTATIVE'S CERTIFICATION

(To be completed by authorized representative)

I attest that I am the agent authorized to make representations on behalf of the business firm indicated in Section A and agree to the aforementioned statements made in this document (information here will be used on our vendor approval list):

(Please Print)

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: () _____ **FAX:** () _____

E-MAIL ADDRESS: _____ **WEB ADDRESS:** _____

X _____ **DATE:** _____
(Authorized Agent's Signature) *(Title)*

INTERNAL USE ONLY

Vendor Approved

Vendor Denied

(Please Print)

COMPLETED BY:

NAME: _____ **AGENCY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: () _____

E-MAIL ADDRESS: _____

X _____ **DATE:** _____
(NEDP Coordinator's Signature)