

## **VENDOR REGISTRATION FORM**

I Keq	T (-1)	Share and the first
	quest Type (check one) New 🗸 C	Thange or Other
II. Fe	deral Tax ID Number:	
III. Ve	endor Name: NAH, ELC	
10	99 Indicator (check one)	W-9 Attached (check one)
	If tax-exempt, attach proof of tax	vevemption. Category: (e.g., store, landlord, hotel, supplier, etc.)
IV. PU	JRCHASING ADDRESS: (To receive pu	irchase order.)
	8300 Greensboro Dr. S	Suite 1000
	McLean, VA 22102	
Conta	ct Name. Devon Henry	Phone Number: 7573535639 Fax Number:
	Address: dhenry@teamhenryent.com	
V. RI	EMMITANCE ADDRESS: (To receive p	ayment.)
	p.o. box 3252	
	Henrico, VA 23228	
Conta	ct Name: Devon Hanry	Phone Number: 7573535533 Fax Number:
	Address: dhenry@teamhenryent.com	
	VENDOR APPROVAL AUTHORIZATI The undersigned hereby represents, warrant Vendor Registration Form.	ION: ts and certifies that he she is duly authorized to sign and submit this
	Authorized by: (Print Name) Devon He	Title: Managing Member
		Date: 7/10/20
	Authorized by: (Print Name) Devon He	
V1, A	Authorized by: (Print Name) Devon He	
V1. A	Authorized by: (Print Name) Devon He Signature: 24 / /	Date: 7/10/20
V1, A	Authorized by: (Print Name) Devon He Signature: AGENCY REQUEST: Requested by: Print Name	Date: 7/10/20
VI. A	Authorized by: (Print Name) Devon He Signature: AGENCY REQUEST: Requested by: Print Name Department Name: Date: The approver below certifies that he/she authorized to conduct business with the	Date: 7/10/20  Signature:
VI. #	Authorized by: (Print Name) Devon He Signature:	Phone: is properly authorized to submit this document, that the vendor is properly City of Richmond in accordance with established Procurement and Finance