

Hines

VENDOR INFORMATION REQUEST

COMPANY NAME: _____
CONTACT: _____

TAX ID OR SS #: _____

REMIT TO ADDRESS:

PHYSICAL ADDRESS:

PHONE: _____

FAX: _____

PURPOSE: _____

BUILDING:
Circle Business Unit

OSP/TSP
4450

PARKING
04450 ✓

HINES OFFICE USE ONLY	
REQUESTED BY:	Date
OFAC APPROVAL:	Date
SPM APPROVAL:	Date
ACCTG APPROVAL:	Date
PROOF OF INSURANCE & OFAC MUST BE ATTACHED BEFORE VENDOR INFORMATION REQUEST IS ROUTED AND APPROVED.	

Copy MUST be placed in: Jon; 12.25 numeric file