

Vendor Authorization Form:

Rolling Plains Management Corporation is a non-profit organization funded through federal and state grants and administered through a central administrative office. All invoices and correspondence regarding payment must be remitted to the central administrative office located at:

Rolling Plains Management Corporation PO Box 490 118 N. 1st Street Crowell, Texas 79227 (800) 633-0852 billing@rollingplains.org

To be considered as a Vendor, please provide the following information along with a completed W9 form and Direct Deposit Form (if applicable):

| Compa | ny information: | | |
|--------|--|--|------|
| | Owner: | | |
| | Address of legal owner: | | |
| Remit | to information: | | |
| | Name: | | |
| | Address for billing purposes: | | |
| | Telephone #: | | |
| Contac | t information: | | |
| | Company representative: | | si . |
| | Telephone #: | | |
| | Fax #: | | e |
| | Email address: | | |
| Questi | ons: | | |
| 1. | Does the owner, manager or company representative have a financial or personal relationship with any Rolling Plains' staff or board members? Yes or No | | |
| | If so, please explain: | | |
| | | | |

2. In order to improve our payment process to you, are you interested in direct deposit? Yes or No

If so, please complete and attach the "Direct Deposit Form"