

## Texas Health and Human Services Commission Vendor Information Form (VIF)

Instructions: This form must be completed and submitted with **each** new contract, amendment, renewal, and/or extension.  
(Please type or print information.)

### SECTION 1: Contractor's General Information

Legal Contractor's Name:	<input style="width: 100%;" type="text"/>		
Legal Doing Business As (DBA) Name:	<input style="width: 100%;" type="text"/>		
Physical Address:	<input style="width: 100%;" type="text"/>		
Remit To (Payment) Address:	<input style="width: 100%;" type="text"/>		
Enter one of the following:	<input type="checkbox"/> Texas Identification Number (TIN): <input type="checkbox"/> Federal Employer Identification Number (FEIN): <input type="checkbox"/> Social Security Number (SSN):		
Select the Legal Status:	<input type="checkbox"/> For-profit Entity	<input type="checkbox"/> Non-profit Entity	
Select the Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership*
	<input type="checkbox"/> Limited (Liability) Company	<input type="checkbox"/> Limited (Liability) Partnership	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Governmental Entity (must specify):		
	<input type="checkbox"/> Other (must specify):		
* If Partnership, must provide SSN or TIN for minimum of two partners			
	Partner Name: <input style="width: 100%;" type="text"/>	TIN or SSN: <input style="width: 100%;" type="text"/>	
	Partner Name: <input style="width: 100%;" type="text"/>	TIN or SSN: <input style="width: 100%;" type="text"/>	
If applicable, enter appropriate information:	State of Incorporation: <input style="width: 100%;" type="text"/>	Texas Charter Number: <input style="width: 100%;" type="text"/>	Name of Parent Entity: <input style="width: 100%;" type="text"/>

### SECTION 2: Contractor's Contact Information

Person Who Will Sign the Contract	Point of Contact for Contract
Name: <input style="width: 100%;" type="text"/>	Name: <input style="width: 100%;" type="text"/>
Title: <input style="width: 100%;" type="text"/>	Title: <input style="width: 100%;" type="text"/>
Mailing Address: <input style="width: 100%;" type="text"/>	Mailing Address: <input style="width: 100%;" type="text"/>
Telephone: <input style="width: 100%;" type="text"/>	Telephone: <input style="width: 100%;" type="text"/>
Fax: <input style="width: 100%;" type="text"/>	Fax: <input style="width: 100%;" type="text"/>
E-mail: <input style="width: 100%;" type="text"/>	E-mail: <input style="width: 100%;" type="text"/>

### SECTION 3: Contractor's Authorized Signature (or HHSC Contract Manager)

Printed Name	Signature	Date	Phone Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### SECTION 4: PCS Contract Administration Office Use Only

Contractor to Receive Payment: <input type="checkbox"/> No <input type="checkbox"/> Yes
Contract Number: <input style="width: 100%;" type="text"/>

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