 Return completed form to: DMB-vendor@michigan.gov

|  |  |  |  |
| --- | --- | --- | --- |
| New Buy4Michigan Organization Information | | | |
| **New System URL** | | Buy4Michigan.com, State of Michigan | |
| General Agency Information | | | Please Enter Information Here |
| **Organization name** | | |  | |
| Address | | |  | |
| Address | | |  | |
| City, State, Zip | | |  | |
| Main Office Phone | | |  | |
| Fax Number | | |  | |
| Organization URL | | |  |
| **Fiscal Year** | | |  | |
| Fiscal Year Start and End - Month & Day | | |  | |
| Fiscal Year Roll Days | | |  | |
| **Other Key Contacts For This Agency** | | | |
| Primary Organization Administrator (Main Contact):  *Authorized user to make department configuration changes* | | | Name:  Title:  Phone:  E-mail: |
| Will this person be posting solicitations? | | |  |
| **Key Contact /User #2 Information:** | Name | |  |
| Title | |  |
| Phone # (include area code and extension) | |  |
| E-mail address | |  |
| Will this person also be an organization administrator? | |  |
| **Key Contact /User #3 Information:** | Name | |  |
| Title | |  |
| Phone # (include area code and extension) | |  |
| E-mail address | |  |