 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 |  |