

Solar Feed-In Tariff Vendor Form

Company Information (type or clearly print)

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone No.: _____

FOR RECEIPT OF PURCHASE ORDERS:

Fax Number: _____ E-mail: _____

Must be an E-mail which is regularly monitored

Payment Information - make checks out to (leave blank if the payment information is the same as shown above)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone No.: _____

Fax Number: _____ E-mail: _____

Federal Tax ID No.: _____

Social Security No. (If no Federal Identification No.): _____

Return this forms to GRU Solar Project Coordinator:

- FAX: 352-334-3151
- E-mail: meekrd@gru.com
- PO Box 147117 Station A114 Gainesville FL 32614

If you have any questions, please call us at 352-393-1484