**Department of Employee Trust** **Funds**

P.O. Box 7931

Madison, WI 53707-7931

**FORM E**

**Vendor Information**

**RFP ETC0049 Administrative Services for the State of Wisconsin Pharmacy Benefit Program**

**Provide the information requested below:**

|  |  |  |
| --- | --- | --- |
| Proposer Company Name:\* Click or tap here to enter text. | | |
| dba name: Click or tap here to enter text. | | |
| Main Phone: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip:  Click or tap here to enter text. |

\*Legal business name, as it appears on company’s W-9.

**Proposer contact for questions concerning your Proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Name/title of Proposer contact responsible for affirmative action compliance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for ETF invoicing/billing:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for legal notices:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

|  |
| --- |
| CEO / President Name: Click or tap here to enter text. |

**Cooperative Purchasing Clause (see RFP Section X.X)**

Check the appropriate box below:

Should my firm receive a Contract award, I agree to extend the terms, conditions, and prices of the Contract that results from the RFP.

Should my firm receive a Contract award, I do not agree to extend the terms, conditions, and prices of the Contract that results from the RFP.