

VENDOR APPLICATION FORM

MailSlurp (Pettman OU)

Rännaku pst 12 Nõmme linnaosa,
Tallinn 10917
Harjumaa
Estonia

VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID. if applicable
Pettman OU		x
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
MailSlurp		EE102097131
POINT OF CONTACT NAME	TITLE	
Jack Mahoney	CSO	
VENDOR ADDRESS		
Rännaku pst 12 Nõmme linnaosa, Tallinn 10917, Harjumaa, Estonia		
SERVICES		
<ul style="list-style-type: none">- Email services- Software testing and development services- Mobile messaging services		
PHONE	FAX	VENDOR EMAIL
x	x	contact@mailslurp.dev
TAX EXEMPT? Y or N	VENDOR WEBSITE	
Y	https://www.mailslurp.com/vendor/	

ORGANIZATION TYPE

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual / Sole Proprietor	<input type="checkbox"/>	Joint Venture
<input checked="" type="checkbox"/>	LLC (Foreign)	<input type="checkbox"/>	Partnership / Limited Partnership	<input type="checkbox"/>	Non Profit

Invoice

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

Payment method

<input checked="" type="checkbox"/>	Credit card
<input type="checkbox"/>	Bank transfer
