

**CENTRAL FALLS DETENTION FACILITY CORPORATION**

---

**Vendor Set Up and Maintenance Form  
(To be completed by the Vendor)**

---

Vendor Name: \_\_\_\_\_

Tax ID Number \_\_\_\_\_  
(Social Security Number for Subcontractors)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Remit to Address:

\_\_\_\_\_  
\_\_\_\_\_

Main Contact's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Main Contact's E-Mail Address: \_\_\_\_\_

**Wyatt Detention Facility  
950 High Street  
Central Falls, Rhode Island 02863  
401/729-1190  
401/729-1194 Fax**