Insert Date

Insert Vendor Name and Address

Dear Insert Vendor Name:

I am pleased to inform you that Insert Company Name has been awarded Contract Number Insert Contract Number and Name.

Enclosed are two (2) copies of our contract form that must be completed and returned to my attention prior to Insert Date. The contract form **MUST** have the signature of a representative who has the legal capacity to enter your organization into a formal contract with the State of Delaware, Insert Department and Division Name. One copy of the fully executed contract form will be returned for your records.

The State of Delaware requires a new vendor to complete the registration process through the Delaware Supplier Portal at <http://esupplier.erp.delaware.gov>. Successful completion of this registration enables the creation of a State of Delaware supplier record. The Taxpayer ID (SSN or EIN) and Applicant (supplier) name are submitted to the Internal Revenue Service for “matching”. If the Taxpayer ID and name do not match, the vendor record cannot be approved.

It is the applicant’s responsibility to select the appropriate 1099 Withholding Type and Class. If incorporated, a business is not subject to 1099 reporting unless the business is providing legal or medical services.

Any questions about completing this registration or specific comments about the registration, please contact supplier maintenance by phone at 302-672-5000.

We appreciate your interest and look forward to working with you.

Sincerely,

Insert Name

Insert Title