Energy Assistance Program Wood Vendor Certificate

Valid for 60 days after Issue date

_____
Date

_____ has been issued _____
Client's Name (Print) Written Benefit Amount

($ _____) dollars credit for the purchase of wood for home heating assistance.

_____ _____IN, _____
Client's Address City Zip Code

(_____) _____- _____ _____
Client's Phone Number Application Number

RETURN TO:

_____ _____
Agency Name Intake Worker issuing wood certificate

_____ _____IN, _____
Agency Address City Zip Code

Client to sign upon acceptance of wood delivery

_____ ____/____/ _____
Client's Signature (Upon Delivery of Wood) Date

Wood Vendor- Provider to complete the following information for payment

_____ _____IN. _____
Vendor's Address City Zip Code

_____
Social Security Number (SSN) or Tax Identification Number

_____
Vendor's Printed Name

_____ ____/____/20___
Vendor's Signature **Date**

Vendor must return this signed copy <u>to the agency</u> for payment

Payments will be processed according to the agency's accounts payable cycle.