



Avalon Health Care Management Inc. Vendor Information Form

Request Type

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New

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Update

Date: 7/10/2024

Company Information	Avalon location(s) using service: George E. Wahlen Ogden Veterans Home			
	Type of business: Entertainment		Tax ID: 932639358	
	Name: Legacy Performers		DBA: Mixed Nuts	
	Street: 9287 S 3090 W	City: West Jordan	State: Utah	Zip: 84088
	Web Address: legacyperformers.org			

Contact Information	Main Representative	Billing		
	Name: Keith Day	Name: Keith Day	Title: Treasurer	
	Title: Manager	Email: keith.day@legacyperformers.org		
	Email: keith.day@legacyperformers.org	Phone Number: 385-377-0451		
	Phone Number: 385-377-0451	Remit Address: 9287 S 3090 W		
	Avalon Rep Who Initiated Services: Anrdea Dixon	City: West Jordan	State: Utah	Zip: 84088

Contract Included?

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Yes

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No

Online Billing Available?

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Yes

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No

Contract Signer Name:	Contract Signer Email:
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Payment Details	Bank Name: America First Credit Union	
	Routing Number: 324377516	Account Number: 746045400520
	Remit Email: keith.day@legacyperformers.org	
	Avalon standard payment terms are net 30 days. Contract negotiations or payment method may affect timing of when payment is submitted/received. To receive your payments in the most efficient manner, complete the payment detail fields above.	

Submission of this form must include a copy of your company's W9. In addition to contract negotiations and certificate of liability insurance, if applicable. Any changes to the information above require a new vendor information form be sent to apmailbox@avalonhealthcare.com.

PRINTED NAME: Keith Day

SIGNATURE: 