



## Avalon Health Care Management Inc.

## Vendor Information Form

## Request Type

 New     UpdateDate: 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:

City: West Jordan

State: Utah

Zip: 84088

Anrdea Dixon

Contract Included?

Yes

No

Online Billing Available?

Yes

No

Contract Signer Name:

Contract Signer Email:

## 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](mailto:apmailbox@avalonhealthcare.com).

PRINTED NAME: Keith DaySIGNATURE: 

Updated 03/2023