



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

SCOTT WALKER
GOVERNOR

MIKE HUEBSCH
SECRETARY

Division of Enterprise Operations
101 East Wilson Street, 6th Floor
Post Office Box 7867
Madison, WI 53707-7867
Voice (608) 266-0779
Fax (608) 267-0600
<http://www.doa.state.wi.us/deo/index.asp>

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Subject: Registration for Access to VendorNet - State Employees

Each user must agree to maintain the confidentiality of the user's ID and password.

This form is to be used to register each contact person in your agency who needs access to information on the VendorNet site.

Authorized by:

Agency:

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

E-Mail Address:

Telephone No.:

Fax No.:

User ID (chosen by user):

Password (chosen by user):

Please e-mail this completed form to vendrhlp@doa.state.wi.us or fax it to the VendorNet Information Center at (608) 267-0600.