



# Organization Fact Sheet

Please complete a separate Fact Sheet for each program.

**Please send this form to the office of your choice:**

Boston: Arbor Associates, 15 Court Square, Suite 1050, Boston, MA 02108

Worcester: Arbor Associates, 51 Union Street, Worcester, MA 01608

Providence: Arbor Associates, 1 Richmond Square, Suite 114K, Providence, RI 02906

1. Name of organization \_\_\_\_\_
2. Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Web-site address http://\_\_\_\_\_
4. Phone \_\_\_\_\_ Fax \_\_\_\_\_
5. Executive director \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_
6. President \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_
7. No. of years in business \_\_\_\_\_ Tax ID no. \_\_\_\_\_
- 7a. **Business classification:**  
Ownership  Private  Public      Status  For-profit  Not-for-profit
8. Do you require prior authorization for services?  Yes  No    If "yes" please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Billing address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
10. Accounts payable contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

List any previous addresses or legal names of business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Information**

Bank \_\_\_\_\_ Account no. \_\_\_\_\_

Contact at bank \_\_\_\_\_ Phone \_\_\_\_\_

**List 2 current business references:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_