



SUBCONTRACTOR INFORMATION SHEET

PLEASE FILL OUT THE INFORMATION BELOW

PERSONAL

COMPANY NAME _____

YOUR FIRST, MIDDLE, LAST NAME _____

STREET ADDRESS, CITY, STATE, ZIP _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT AND PHONE NUMBER _____

DOCUMENTS

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

EMAIL/TEXT COPY OF SOCIAL SECURITY CARD, DRIVER'S LICENSE, INSURANCE
lossenbros@gmail.com or 512.845.3076

If you are a plumber, electrician or HVAC please email or text your license.

WOULD YOU LIKE DIRECT DEPOSIT? ____ YES ____ NO

If yes, please fill out form. If no, your check will be mailed to you every week.

CHECK LIST

- ☐ W-9
- ☐ Safety Pledge
- ☐ Drug and Alcohol Free Work Place
- ☐ Direct Deposit Form
- ☐ Subcontractor Agreement
- ☐ Hold Harmless Agreement
- ☐ TX Department of Insurance, Workers' Comp
- ☐ Email/Text Copy of Social Security Card, Driver's License, Insurance