



New Vendor Form

Please return this form, along with a current W-9 (signed in the current year), to
finance@maxrieke.com. If you wish to be paid by ACH please complete the Vendor ACH
Authorization form.

Company Information

Company Name: _____
DBA Name _____
Main Phone _____ Email _____
FEIN/Tax ID _____ Website _____
Address: _____

City _____ State _____ Zip _____

Accounting Contact

Contact Name _____ Title _____
Phone _____ Email _____
Payment Address _____

City _____ State _____ Zip _____
Lein Waiver Email _____

Other Information

Type of Supplier Subcontractor _____ Materials _____
Both Sub & Materials _____ Other _____

Is the company a Tax-Exempt entity? (If, yes, please send a copy of the state letter.)

Yes _____ No _____

Does the company have any of the following designations?

MBE _____ WBE _____ VET _____
LGBT _____ DBE _____ SMALL _____
HUBZONE _____ OTHER _____

Payment Terms (when not defined by contract) _____

Please send to finance@maxrieke.com