

Vendor Registration Form

<p>Business Name: _____</p> <p>DBA (if applicable): _____</p> <p>Business Type: _____</p> <p>Year Established: _____</p> <p>Tax ID / EIN: _____</p> <p>Primary Service Category: _____</p> <p>Brief Description of Services: _____</p>	<p>Primary Contact Name: _____</p> <p>Title / Role: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Mailing Address: _____</p> <p>City / State / ZIP: _____</p> <p>Website (if applicable): _____</p>
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<p>Licensing & Insurance</p> <p>Business License # / Expiration: _____</p> <p>Workers' Compensation Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>General Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bonded <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Certificates Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Payment Information</p> <p>Payee Name: _____</p> <p>Preferred Payment Method <input type="checkbox"/> ACH <input type="checkbox"/> Check <input type="checkbox"/> Other: _____</p> <p>Payment Terms Requested: _____</p>
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Compliance: W-9 Attached Business License Attached Proof of Insurance Attached

Declaration

I certify the above information is true and complete. I understand approval as a vendor does not guarantee work and that I must maintain compliance with all licensing and insurance requirements.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____