Construction Vendor Registration Form

SECTION 1: COMPANY INFORMATION Legal Business Name: DBA (if applicable): Business Type (Sole Proprietor, Partnership, Corporation, LLC, Other): **Primary Contact Name:** Title: Phone Number: Email: **Business Address:** City, State, ZIP: Website (if applicable): Tax ID / EIN: DUNS Number (if applicable): **SECTION 2: TRADE & SERVICE INFORMATION** Primary Trade/Service Provided: Additional Services Offered: License Number (if applicable): State of Issuance: Years in Business: Union Affiliation (if any): Geographic Areas Covered: Typical Project Size (Under \$50K, \$50K-\$250K, \$250K-\$1M, \$1M+): **SECTION 3: INSURANCE & SAFETY COMPLIANCE** General Liability Insurance (Yes/No): Carrier Name: Policy Number: Coverage Amount: Workers Compensation Insurance (Yes/No): Carrier Name: Policy Number:

Construction Vendor Registration Form

Auto Insurance (Yes/No):
OSHA Certifications (Yes/No, List if applicable):
SECTION 4: REFERENCES
Reference 1 - Company Name:
Contact Name:
Phone Number:
Email:
Project Description & Amount:
Reference 2 - Company Name:
Contact Name:
Phone Number:
Email:
Project Description & Amount:
SECTION 5: CERTIFICATIONS & BUSINESS CLASSIFICATIONS
Check all that apply: MBE, WBE, VOSB, DBE, HUBZone, Other
SECTION 6: PAYMENT & BILLING INFORMATION
SECTION 6: PAYMENT & BILLING INFORMATION Preferred Payment Method (Check, ACH Transfer, Credit Card):
Preferred Payment Method (Check, ACH Transfer, Credit Card):
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name: Title:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name: Title: Signature:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name: Title: Signature: Date:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name: Title: Signature: Date: Required Attachments:
Preferred Payment Method (Check, ACH Transfer, Credit Card): Billing Contact Name: Billing Email: Billing Phone: SECTION 7: AGREEMENT & SIGNATURE Authorized Representative Name: Title: Signature: Date: Required Attachments: [] W-9 Form