



SPECIFICATION – NEW VENDOR

- W9
- ACH PAYMENT INFORMATION FORM
- COI LISTING **COMMERCIAL INDUSTRIAL SERVICES INC** AS ADDITIONAL INSURED

ABOVE FORMS MUST BE EXECUTED AND IN HAND PRIOR TO SITE MOBILIZATION, EMAIL COMPLETED FORMS TO INFO@CISINCPRO.COM FOR PROCESSING

Thank you,

Barbara Wierszewski, Director



NEW VENDOR – ACH/WIRE PAYMENT INFORMATION

Contact Name & Banking Account Information

COMPANY NAME (YOUR NAME)	
CHECKING ACCOUNT NUMBER	
ROUTING NUMBER	
PHONE NUMBER	
EMAIL	

Bank Information

BANK NAME	
BANK ADDRESS	
BANK PHONE NUMBER	

Bank Contact Information (if applicable)

BANKER NAME	
BANKER DIRECT PHONE NUMBER	

COMPLETE AND RETURN TO INFO@CISINCPRO.COM TO ENSURE TIMELY PAYMENT