



# Vendor Registration Form

| Company Contact  |  |   |  |
|--|--|---|--|
| Company Name   |  | Mailing Address                                     |  |
| Telephone  |  |   |  |
| Email  |  |   |  |
| Point of contact name and title  |  | Contact Email                                       |  |
| Contact Phone 1  |  | Contact Phone 2                                     |  |
| Accounting Email   |  | Website   |  |
| Company Overview   |  |   |  |
| General Details of Services  |  |   |  |
| Documentation Checklist  |  |   |  |
| Provide Copy of insurance  |  | Provide Copy of Business License                    |  |
| Provide Copy of Workman's Comp (if applicable)   |  | Provide Copy of Workman's Exemption (if applicable) |  |
| Provide W-9  |  | Paid \$250 Set-up / Onboarding Fee                  |  |
| Certification  |  |   |  |
| I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be provide of any change in status impacting the information provided within ten (10) days of said change. |  |   |  |
| Printed / Typed Name   |  | Title   |  |
| Signature  |  | Date  |  |